

Parents' and Teachers' Perceptions of the Transition to School Experiences of  
Children with Autism Spectrum Disorders

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A Thesis

In

The Department

of

Education

Presented in Partial Fulfilment of the Requirements  
for the Degree of Master of Arts in Child Study at  
Concordia University  
Montreal, QC, Canada

July 2011

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**CONCORDIA UNIVERSITY****School of Graduate Studies**

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### **Abstract**

#### **Parents' and Teachers' Perceptions of the Transition to School Experiences of Children with Autism Spectrum Disorders**

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The transition to school is an exciting yet challenging experience for children and their families (e.g., Rimm-Kaufman, Pianta, & Cox, 2000). Children with special needs often experience additional obstacles making this transition (e.g., Rous, Meyers, & Stricklin, 2007). Limited research has investigated the transition to school for children diagnosed with autism spectrum disorders (ASDs). Furthermore, studies illustrating the experiences of immigrant children with autism and their families are also lacking. This study explored the experiences of immigrant and Canadian families with children with ASDs, making the transition to elementary school. Ten children with ASDs and their families were followed during their transition to school. Transition experiences were uncovered with the use of semi-structured interviews, the Impact on Family Scale (Stein & Reissman, 1980) and the Measure of Processes of Care (King, King, & Rosenbaum, 2004). Children's adaptive behavioural functioning was measured using the Adaptive Behavior Assessment System (Harrison & Oakland, 2003). Participant observation and the Social Skills Improvement Scale (Gresham & Elliott, 2008) assessed the children's social competence. Results revealed that caring, collaborative, and respectful partnerships lead to successful transitions, while several barriers such as divergent belief systems, administration issues, lack of teacher knowledge, and language issues impeded smooth transitions to school. Canadian and immigrant family experiences were similar; however, immigrant families struggled with language issues more frequently and reportedly had less knowledge of the pathways of communication between resources

compared to Canadian families. The transition process from preschool to elementary school for children with ASDs from diverse backgrounds has important implications for school policies and interagency collaboration.

### **Acknowledgements**

This long and eventful journey has come to an end and there are several people, without whom this thesis would not be possible, I would like to thank for helping me along the way. First and foremost, I owe my deepest gratitude to my supervisor, Dr. Harriet Petrakos, whose constant encouragement, knowledge, and support helped me finish this thesis. Dr. Petrakos' kind spirit and extensive knowledge made it a real pleasure and an honour to work with her. I would also like to show appreciation for my committee members, Dr. Miranda D'Amico and Dr. Diane Pesco, who helped guide me in the right direction with their perceptive comments and suggestions.

I could not have barrelled through this research process without the help of research assistants, Mélanie Joly, Stephanie Peccia, and Keisha Gafoor. I know at times the work (and transcribing) might have seemed relentless but I greatly appreciate your perseverance.

I would also like to thank the families who agreed to participate in this study. Without their voices and their stories this thesis would have never taken flight. Thank you for sharing your experiences.

Additionally, the Centre for Research and Human Development has been invaluable for their financial support and educational opportunities throughout my academic career at Concordia University.

Last but certainly not least, I would like to thank my family and my friends. To my

parents, Kelly and Christine, your constant emotional support was unyielding, I aspire to be as loving and strong as you. Thanks El, for your encouraging words and a shoulder to lean on. I could not have gotten through it without you. Thank you to all of my extended family and friends for helping me remember to enjoy life (even while you work).

Thank you and Welcome to Holland....

## Table of Contents

List of Tables.....	viii
List of Figures.....	ix
List of Appendices.....	x
Introduction.....	1
Review of the Literature.....	3
Transition to School.....	3
Transition and Disabilities.....	7
Transition and Autism Spectrum Disorders.....	11
Culture's Role in the Inclusive Environment.....	14
School Readiness and Defining Successful Adaptation.....	16
The Present Study.....	20
Method.....	22
Research Design.....	22
Settings and Recruitment.....	23
Participants.....	25
Procedure.....	31
Measures.....	33
Quantitative Results.....	43
Quantitative Data Analysis.....	43
Descriptive Analysis.....	44
Frequencies.....	51
Qualitative Results.....	55

Qualitative Data Analysis.....	55
Findings.....	56
Caring Partnerships -- Issues of Quality.....	56
The Tenuous Home-School Relationship.....	61
Collaboration and Communication.....	62
Successful Transition.....	64
Challenges to Effective Partnerships and Successful Transition.....	67
Children's Experiences.....	74
Family Struggles and Support Systems.....	80
Case Studies.....	82
Mixed Methods Analysis.....	91
Integrated Analysis.....	91
Findings.....	91
Discussion.....	95
Families' and Teachers' Perceptions and Experiences.....	95
Immigrant and Canadian Families' Comparative Experiences.....	105
Successful Transitions to School.....	109
Limitations and Future Directions.....	114
Implications and Practical Applications.....	118
References.....	121
Appendices.....	138

### List of Tables

Table 1. Participant Demographic Information.....	27
Table 2. Time 1 and Time 3 Parent Reported Means of Children's Adaptive Behaviour .....	44
Table 3. Time 1 Teacher Reported Means of Children's Adaptive Behaviour.....	45
Table 4. Time 1 and Time 3 Parent Reported Means of Children's Social Skills and Problem Behaviours.....	45
Table 5. Time 1 Teacher Reported Means of Children's Social Skills and Problem Behaviours.....	46
Table 6. Children's Individual Progress: Preschool (Time 1) and Elementary School (Time 2 and 3) Teachers' Perceptions of Child's Adaptation.....	48
Table 7. Time 1 and Time 3 Means of the Parents' Perceptions of Health Care Professionals.....	49
Table 8. Intercorrelations of Parents' Perceptions of Health Care Professionals at Time 1 and Time 3.....	50
Table 9. Time 1 and Time 3 Means of Parents' Perceptions of the Impact of their Child's Disability on Family Life.....	50
Table 10. Intercorrelations of Parents' Perceptions of the Impact of their Child's Disability on Family Life.....	51
Table 11. Parents' Perceptions of Successful School Transitions in Relation to Transition and Collaborative Practices.....	55
Table 12. Parent and Teacher Report of Children's General Adaptive Behaviour.....	84

### **List of Figures**

Figure 1. Elementary school teachers' perceptions of children's social adaptation.....	47
Figure 2. Frequency of parent reported transition activities.....	52
Figure 3. Frequency of home-school collaboration at Time 1 and Time 3.....	53
Figure 4. Parents' perceptions of successful school transitions.....	54
Figure 5. Jean: Frequency of social interaction during free play.....	84
Figure 6. Andrew: Frequency of social interaction during free play.....	87

## List of Appendices

Appendix A.....	138
<i>Parent Consent Form</i>	
Appendix B.....	141
<i>Parent Information Letter</i>	
Appendix C.....	143
<i>Teacher Consent Form</i>	
Appendix D.....	146
<i>Teacher Information Letter</i>	
Appendix E.....	148
<i>Measure of Processes of Care (MPOC-20)</i>	
Appendix F.....	153
<i>Impact on Family Scale (IOF)</i>	
Appendix G.....	155
<i>Adaptive Behavior Assessment System (ABAS-II) Sample Questions</i>	
Appendix H.....	157
<i>Social Skills Improvement System (SSIS) Sample Questions</i>	
Appendix I.....	159
<i>Demographics Form</i>	
Appendix J.....	164
<i>Transition Experience Semi-Structured Parent Interview: Times 1, 2, and 3</i>	
Appendix K.....	178
<i>Social Interaction Observation Codes</i>	



## Parents' and Teachers' Perceptions of the Transition to School Experiences of Children with Autism Spectrum Disorders

Transition to school is a novel, exciting, and at times, challenging experience for young children (Hanson et al., 2000; Jewett, Tertell, King-Taylor, Parker, Tertell, & Orr, 1998). Several important factors can lead to successful early transitions to school as well as impinge on these transitions, such as the particular capabilities of the child, available resources in education systems and the greater community, and level of collaboration between home and school (Dockett & Perry, 2003; Hamre & Pianta, 2001; Kraft-Sayre, & Pianta, 2000; Pianta, Kraft-Sayre, Rimm-Kaufman, Gercke, & Higgins, 2001; Pianta & Walsh, 1996; Salisbury & Vincent, 1990).

Children with intellectual or developmental disabilities often experience additional challenges in the process of early transition (e.g., Rous, Meyers, & Stricklin, 2007) because of the lack of collaboration between home, school, and outside resources (Janus, Lefort, Cameron, & Kopechanski, 2007; Rous, Hemmeter, & Schuster, 1994), educators with insufficient intervention training (Janus et al., 2007), and lack of family support (Janus et al., 2007). Children diagnosed with autism spectrum disorders (ASDs), a pervasive developmental disorder characterized by impairments in social skills and communication strategies, experience additional difficulties during transitions (Earles, Carlson, & Bock, 1998).

Culturally diverse and immigrant families with children with disabilities often experience challenges above and beyond those related to disability, including language and communication issues and disparities between teachers and parents' values (Hanson et al., 1998). The development of social competence, a multifaceted ability that involves

emotional, social, behavioural, and cognitive skill mastery (Welsh & Bierman, 1998), is of the utmost importance in the facilitation of successful transition and integration to school for children with developmental disabilities (Odom, McConnell, & McEvoy, 1992). Children with disabilities who come from families that may not be fluent in the dominant language spoken at school may experience additional difficulties acquiring social competence (Hanson, Gutierrez, Morgan, Brennan, & Zercher, 1997).

Québec, Canada's population is more culturally diverse than it has ever been. Approximately 38 000 new immigrants come into Québec each year and make up 18.4% of the total Québec population (Ministère de l'Éducation [MEQ], 2006). Consequently, Québec schools are also increasingly diverse. Québec schools are also increasing the number of children with special needs accepted in inclusive public schools. Québec mandates that all children be afforded quality education and ultimately be given the liberty to be integrated into greater society. Children with disabilities made up 12.42% of the Québec public school population in 1999 (MEQ, 1999). Furthermore, the diagnosis of children with ASDs is on the rise with currently 1 in 166 children being diagnosed with the disorder (Autism Society of America, 2004). With this large proportion of minorities and children with special needs in Québec public schools, administrators, teachers, and resource teachers need to adjust their programs to accommodate the needs of this diverse population and help them develop essential skills for successful transition to school.

Research on transition to school has noted that the implementation of appropriate transition and collaborative practices can ease the transition to school for children (Dockett & Perry, 2003; Kraft-Sayre & Pianta, 2000; LoCasale-Crouch, Mashburn,

Downer, & Pianta, 2008). Less is known about the transition to school for children with ASDs in the Canadian population (Janus, 2004) and furthermore research on minorities with ASD's transition to school is also lacking (Odom, 2000). Taken together, it is evident that there is a need for research on transition to school for minorities with ASDs.

Policy makers, school administrators, teachers, resource teachers, and most importantly, families with children with ASDs, can benefit from research about this population of children. The preschool years are incredibly important for all children, as it is at this formative stage in development that essential skills for successful school and life transitions are developed (Hanson et al., 1997). With more knowledge, effective transition and collaborative practices can later be developed to help ease the transition to school for children in need.

The aim of this study was to investigate the transition experiences of Canadian and immigrant children with ASDs and their families, while also describing children's eventual adjustment to school.

## **Review of the Literature**

### **Transition to School**

The transition to school for young children is a complicated experience that often necessitates collaboration and communication between children, parents, and school staff to enable successful adaptations to school (Dockett & Perry, 2003; Hamre & Pianta, 2001; Kraft-Sayre, & Pianta, 2000; Pianta et al., 2001; Pianta & Walsh, 1996). In some communities, teachers indicated that merely 50% of their students achieve successful school transition, with the remaining children achieving moderate to poor levels of success (Rimm-Kaufman, Pianta, & Cox, 2000). In fact, one-third of teachers mention

that approximately half of their students demonstrate at least one or more specific problems adapting to school. These problems include difficulties following instructions, disorganized homes, lack of academic knowledge, and an inability to work independently (Rimm-Kaufman et al., 2000).

While children's preschool experiences can facilitate the transition to school (Howes et al., 2008), additional transition activities or initiatives may be required to achieve successful transition (Dockett & Perry, 2003; Kraft-Sayre & Pianta, 2000; LoCasale-Crouch, Mashburn, Downer, & Pianta, 2008). Dockett and Perry (2003), in the Starting School Project, elicited parent, teacher, and child perspectives on what is most important when beginning the transition to school. Parents and teachers indicated social adjustment as the most important element in the transition to school. Research corroborates that social competence is of primary importance for children with disabilities in an inclusive environment (Odom et al., 1992) and culturally diverse children with disabilities often experience additional difficulties acquiring social skills (Hanson et al., 1997). Children, differentially, indicated that school rules and their personal attitudes about school (i.e., why they liked or disliked school) as the most important factors in the transition to school. Dockett and Perry (2003) further articulated particular guidelines to follow when developing a transition plan. Collaboration between teachers, parents, and children is essential, as well as an understanding that transition plans will differ depending on the context. Each school, classroom, and child is qualitatively different. Therefore, transition planning cannot have a single manifestation.

Kraft-Sayre and Pianta (2000) also emphasize the importance of collaboration and flexibility in fostering successful school transitions. Kraft-Sayre and Pianta have developed transition guidelines based on Rimm-Kaufman and Pianta's (2000) ecological and dynamic model of transition, which emphasizes the importance of fostering relationships as resources, across time, and between settings. The guidelines include fostering relationships and collaborations as resources, promoting seamless and continuous transition, focusing on families' strengths (as opposed to the usual focus on weaknesses), tailoring initiatives to individuals, and ultimately establishing collaborative experiences. In an attempt to investigate these guidelines, Pianta et al. (2001) studied the implementation of a transition intervention, based on their model of transition, with 90 families and documented what transition activities were used. The intervention utilized a menu-based approach, due to the differing needs of different children and families, emphasizing collaboration between contexts. Results indicated that the most common transition activity involved children and preschool teachers visiting the kindergarten classroom and kindergarten orientation. The least common practice was individual communication between preschool and kindergarten teachers. Parents also found that preschool teachers were more helpful than any other outside resources, while kindergarten teachers found it more difficult to be involved than preschool teachers. This distinction may be due to preschool teachers incorporating more key transition practices than kindergarten teachers (i.e., preschool children and teacher kindergarten visits, sharing written records, spring kindergarten orientation). Overall, this study highlights the importance of support, collaboration, and incorporating transition activities that fit the specific needs of each child.

In contrast to Pianta et al.'s (2001) findings, Rous, Hallam, McCormick and Cox (2010) found, in a transition context where an intervention was not in place, that the least common transition practice was child and preschool teacher visiting the kindergarten classroom. The practices that were most frequent included preschool teachers talking to parents, sending letters home, holding open-houses, using flyers, promoting parental involvement, and making written records available to kindergarten teachers. The authors also found that in general teachers with early childhood credentials and more teaching experience used more transition practices and tailored these practices to individual needs more often (e.g., call child before kindergarten, meet child and parent before and after kindergarten commencement). Classrooms that included culturally diverse children and children with disabilities also used more transition practices (coordinated and individualized practices before kindergarten commencement). The strongest transition practice predictor, however, was specialized transition training. Specialized transition training involves educating educators about the importance of transition planning and articulating what specific transition activities can be set in place to help ease children's early transitions.

LoCasale-Crouch et al. (2008) were interested in the relationship between transition practices and kindergarten outcomes. Social competence was assessed with the Teacher-Child Rating Scale (Hightower et al., 1986) and academic achievement with the Academic Rating Scale (Perry & Meisels, 1996). Sharing written records between preschool and kindergarten teachers was again the most frequent practice and class visitation was the least. An increase in transition practices was positively related to social competence in children and contact between preschool and kindergarten teachers

was also positively related to children's social competence. Results also indicated that increased transition practices moderated the relationship between risk factors and school adaptation such that transition practices had a stronger impact on social competence in poor families and African American families. Transition practices also had a stronger impact on academic achievement of children with mothers who had little formal education. The authors also note that children at risk benefitted most from transition activities that involved them directly.

It is evident that transition practices have an impact on children's successful transition to school (LoCasale-Crouch et al., 2008). It is also evident that tailoring to the needs of individual children is essential (Dockett & Perry, 2003; Kraft-Sayre & Pianta, 2000). Tailoring practices to individual needs is particularly pertinent for children with special needs.

### **Transition and Disabilities**

Transition to school is difficult for all children but the transition to school for children with special needs is an especially complicated experience that should incorporate collaboration with special needs professionals (Janus et al., 2007). Where a lack of transition practices may lead to difficulty successfully adjusting to kindergarten for typically developing children it may lead to an inability to adapt for children with developmental disabilities (Fowler, Schwartz, & Atwater, 1991; National Center for Special Education Research (NCSE), 2009; Stipek & Byler, 2001).

Janus et al. (2007) attempted to uncover Canadian parents and professionals' perceptions of the specific issues that make the transition to kindergarten for children with special needs particularly difficult. In total, 2624 parents (132 with a special needs

child, 597 accessing intervention services, 1895 typical) completed a survey to assess their views on available intervention services that facilitate transition to school. Parents of children with special needs expressed more dissatisfaction with available services than parents of typically developing children, but did not articulate transition issues. Five special needs professionals were interviewed to assess their perceptions on transition interventions. Professionals complained about the lack of communication between schools and homes, lack of seamless funding, and lack of flexibility when switching supports. Although adult perceptions were assessed in this study, the lack of child observation made it unclear whether the available supports were helpful to children. In a related study, Janus, Kopechanski, Cameron, and Hughes (2008) were interested in comparing perspectives on transition of parents with children already in kindergarten with those of parents with children who had not yet made the transition to school. Specifically, investigators were interested in parents' views on the quality of implemented transition practices and the effect transition has on the family as a whole. The authors also wanted to investigate what collaboration practices were in place during the transition. In total, 40 parents (20 pre-transition, 20 post-transition) of children with special needs were investigated. Special needs was defined by the Ministry of Education of Ontario's guidelines. According to this ministry, children who have difficulties affecting their behaviour, communication, intellectual abilities, and/or physical abilities are considered to have special needs. The researchers administered the Impact on Family Scale (IOF, Stein & Jessop, 2003) to assess the degree of strain having a child with a disability had on a family. The Measure of Processes of Care (King et al., 2003) was administered to determine parents' perceptions of care delivered by health professionals.



The Vineland Adaptive Behaviour Scales (VABS; Sparrow, Balla, & Cicchetti, 1984) was used to assess children's adaptive skills. Parents also assessed the severity of their child's condition on a six-point scale. Interviews were conducted to determine any additional information or opinions parents held about the transition to school.

The pre-transition families, in the beginning of the year, had higher scores on the IOF (Stein & Jessop, 2003) measure than those who had already experienced the transition, especially in the Personal Strain and Social-Familial domains. Janus et al. (2008) note this may be due to the relief school attendance has for parents in general. With increased stress parents of children with special needs encounter it is likely they experience greater relief (i.e., more personal time, ability to maintain family and social relations, less stress) when their children are attending school. Parents in the post group were less satisfied with the processes of care. In general, parents complained about lacking access to qualified support (pre-transition families had more support than post-transition). The authors suggest that post-transition families experience more difficulties with processes of care because they do not receive promised support (by the school board) in an appropriate amount of time. The authors further speculate that these problems may be highlighting administration issues and not a complete lack of resources. Children who had already experienced the transition to kindergarten had poorer scores on the VABS and also had parents who assessed their condition as more severe. Children's adaptation to school was not measured in this study. Both of these studies have highlighted the elements of successful transition to school that are lacking in families with children with special needs. Collaboration between contexts, flexibility, and qualified family support are aspects of the transition process, which are severely lacking

(Janus et al., 2007; Janus et al., 2008). The views of parents and professionals are essential but teachers' perspectives and children's environments also need to be understood. What do teachers find essential to the transition process?

Rous, Meyers, and Stricklin (2007) were interested in finding common effective transition strategies for children with special needs. The researchers held focus groups composed of practitioners, school administrators, teachers, researchers, and parents. The discussions were about strategies that have helped children with special needs make the transition to school. In this case a definition of special needs was not articulated. Participants were those adults who stipulated having worked with a child with disabilities. Two major themes emerged: importance of collaboration and specific practices and activities. Specifically, participants noted the importance of a supportive infrastructure, relationships and communication between all those involved, and continuity and alignment of resources. Specific activities that helped ease the transition process, the preparation of the family and child through program visitation, instructional activities, and the use of community resources were emphasized. Jewett et al. (1998) also found that teachers emphasize the importance of gaining knowledge of children and their families in preparing for smooth transition, while also indicating the overwhelming responsibility teachers often experience when attempting to help children with special needs.

Several researchers have focused on what practices parents, teachers, and practitioners deem important for successful school transition. La Paro, Pianta, and Cox (2000) were interested in what specific practices were used by teachers with children with special needs in their classrooms and how these practices differed from classrooms

that did not include children with special needs. Children were categorized as having special needs if they were receiving any additional special needs services. The results indicated that 80% of teachers who had a child with special needs in their classroom used some form of transition practice. These teachers also used more pre-transition practices (i.e., contact with preschool teachers, contact parents before transition) and community related practices than those without children with special needs in their classrooms. Transition practices are important for all children but become integral for children with special needs. From an ecological perspective the coordination of families, schools, and available resources prior to kindergarten is essential for children with special needs.

### **Transition and Autism Spectrum Disorders**

The aforementioned studies described experiences of children with varying severities and definitions of special needs. The ever-growing population of children being diagnosed with ASDs presents more challenges. Children with ASDs often have social and communication impairments and their parents experience more stress than parents of typically developing children and children that display other developmental difficulties (Dabrowska & Pisula, 2010; Estes, Munson, Dawson, Koehler, & Zhoo, 2009). Additionally, children with ASDs often have particular difficulty with the unpredictable nature of transitions (Earles, et al., 1998), which necessitates appropriate support and understanding.

Levy and Perry (2008) were interested in education professionals' beliefs about transition practices for children with autism. Specifically, they were interested in comparing and contrasting the beliefs of Intensive Behavioural Intervention (IBI) specialists and school staff. Furthermore, they were interested in professionals' beliefs

about ideal transition practices and their actual practices. Participants included 26 IBI specialists and 11 school staff. As a criteria for participation the IBI specialists and school staff would be involved in establishing a transition from IBI therapy to an inclusive school setting for a particular child. The investigators developed two measures: the Transition Beliefs Inventory and the Transition Practices Questionnaire. The Transition Beliefs Inventory has four subscales: Pre-requisite Skills, Collaboration, Cooperation, and Attitudes. The Transition Practices Questionnaire asked questions pertaining to when transition practices should take place, who should be involved, and what particular practices should be enacted. Results revealed that overall IBI specialists rated prerequisite skills and collaboration as more important than school staff did. They also thought that implementation of transition practices earlier in the transition process was more important than school staff. The results also indicated that while most of the school staff stipulated the importance of parental involvement, only 10% of them said parents were actually involved in transition planning. Similarly, all school staff mentioned that teachers and teaching assistants should be involved in the transition practices, but only 55% of them were. Finally, while 95% of IBI specialists endorsed the importance of IBI and school staff meeting to discuss the child, only 46% of school staff agreed. Both parties stated that a lack of collaboration between specialists and school staff was a barrier to successful transition.

Alternatively, Stoner, Angell, and House (2007) were interested in parents' perspectives about transition practices for children with autism. They were particularly interested in how parents experience transition, their concerns, and the barriers or facilitators to transition. The researchers studied four dyads of parents (mother and father

of a child with autism). The children were diagnosed with an ASD, were between the ages of six and eight, and were at the pre or primary school level. In this qualitative study three semi-structured interviews were conducted over the course of nine months. The first interview asked questions pertaining to parents' perspectives about their relationship with education professionals. The major theme that emerged from this interview was a focus on transition practices. Subsequent interviews were based on this interview. Several overarching themes emerged from the data. Parents felt that transition practices should be child-centred (i.e., concerned mainly with child's individual characteristics). Second, parents' mentioned that communication between home and school was integral to facilitating successful transition. The parents in this study utilized a form called the Child Profile form, which consisted of details regarding children intended to be shared between parents and teachers. This form allowed both parents and teachers to communicate openly and to also feel important in the process, which in turn facilitated trust. Daily communication was considered an important collaboration tool. Another important theme was an emphasis on understanding the individual child when preparing for transition, which was facilitated with the use of the Child Profile form. The fourth theme dealt with barriers to successful transition. Parents felt that specific transition practices and preparation were severely lacking. Although parents indicated the importance of collaboration they ultimately acknowledged that there was a lack in this essential strategy. Effective strategies varied greatly from case to case, which highlights the importance of individualization and flexibility in transition planning. Despite these differences all the parents tended to follow the following three-step

transition process: identify challenges, give child time to observe setting, and allow them to interact with setting prior to transition.

Collectively, these studies illustrate the necessity for collaboration between parents, specialists, and school staff to ensure successful transition to school for children with autism.

### **Culture's Role in the Inclusive Environment**

In this increasingly diverse society, specific attention needs to be paid to the school experiences of children with special needs from diverse backgrounds. Minority and immigrant families often face several barriers in the education system. Often, these families have different social and academic goals than the surrounding community or school (Garcia, 1995). Rimm-Kaufman et al. (2000) found that teachers tend to perceive more problems in children in specific demographic groups (i.e., low socioeconomic status (SES), minority). The authors attribute this finding to the possibility that there is a disconnect between the standards and cultural values of the home and the school. These discrepancies are highlighted at the point of transition to school. Before this point, children may have been surrounded by their home culture and when school commences they must adjust to what is socially acceptable in the school culture. Language barriers have also been found to be a serious limitation to successful transition attempts in minority families (Hanson et al., 1997; Hanson et al., 1998). All these challenges are compounded with the initial difficulties surrounding the child's special needs; ultimately, to attain a successful transition to school, multiple support systems need to be in place.

Hanson et al. (1997) conducted a study, which described the interaction between language, culture, and disability in inclusive preschool environments using

Bronfenbrenner's ecological perspective. Four universities in the United States utilized purposive sampling in four preschools. Within each program 15-23 adults (family, service providers, administration, policy makers) and seven children (5 with disabilities; 2 without disabilities) were selected. Data collection included open-ended interviews, participant observation, and document analysis. The central theme that emerged was the role of the dominant language. For instance, language issues were rarely addressed directly in Individualized Education Plan (IEP) goals even though parents articulated how important they thought it was for their children to learn the dominant language while also being supported with their native language. Challenges associated with language and those associated with disability were also often difficult to disentangle. Minority children with disabilities were often social observers rather than participants. Often the nature of their disability contributed to one-on-one interaction with educators, which limited their ability to interact with their peers, advance in their dominant language proficiency, and make friends. Research has emphasized the importance of collaboration between home and school, especially for children with disabilities (Dockett & Perry, 2003; Hamre & Pianta, 2001; Kraft-Sayre, & Pianta, 2000; Pianta et al., 2001; Pianta & Walsh, 1996). Language is an obvious barrier to collaboration between home and school, which is often not facilitated with necessary translation services. Ultimately, this study was able to highlight the importance of communication in successful transition. Further, it was able to articulate the importance of subtle issues such as belonging and social competence.

In a subsequent study conducted by Hanson et al. (1998) using the same data set as Hanson et al. (1997), the authors investigated how preschool programs and communities constructed their environments while considering cultural contexts and

expectations of families with children with special needs. Subthemes that emerged included the importance of peer and classroom culture and their inherent philosophies of inclusion, the compatibility of values between children, teachers, and parents, and language and communication barriers. The authors found that children with more social competence and a strong handle on the dominant language were able to easily become a part of the peer group, whereas children with social and language delays demonstrated greater difficulty in being a part of the peer group and interpreting social cues. Family cultures and school cultures are also often in divergence which may be a reflection of differing backgrounds and values. The authors also emphasized the perspectives of these families. Often, the issues of inclusion were minor compared to other family issues (i.e. SES, refugee status, etc.). Families' cultural backgrounds also had an integral role in how they viewed their child's disability. Parents also noted that different school programs reflected different levels of diversity acknowledgment. The language and communication barriers echoed the results from Hanson et al. (1997).

Essential transition practices for children with special needs echo those of typically developing children. The importance of collaboration and flexibility is evident with this population as well. Research on the effectiveness of transition practices for children with special needs from diverse backgrounds is lacking, however. How do we measure this effectiveness? It is clear that parents and educators place a lot of emphasis on social acceptance and competence (Dockett & Perry, 2003; Snow, 2006), but how do we define social competence? And more importantly, how do we assess successful transition, school readiness, and social competence?

### **School Readiness and Defining Successful Adaptation**



Upon school entry children's early competencies and school readiness predict later school success (Snow, 2006) and remain stable over time (Alexander & Entwisle, 1998). The school environment and the relationships children develop with their teachers and their peers have the ability to shape children's development of social competence and consequently their transition to school (Hamre & Pianta, 2001). Measuring school readiness, however, is another issue. From an ecological perspective, school readiness involves a relationship between child readiness and school readiness (Pianta, Rimm-Kaufman, & Cox, 1999) which necessitates transition facilitation, alignment of prekindergarten and kindergarten values, and enriching kindergarten learning environments (NGA, 2005). Further, defining school readiness may differ depending on the perspective. Teachers emphasize the ability to effectively communicate, enthusiasm for learning, and physical health as characteristics of school readiness, whereas parents have a tendency to emphasize the importance of academic abilities (NCSE, 1995; Snow, 2006). Several cognitive factors have also been emphasized in defining readiness, such as self-regulation (Blair, 2002) and social adjustment (Stipek & Byler, 2001). Some studies have also indicated that parents also emphasize social and emotional competence (Dockett & Perry, 2003) but other studies show they tend to focus on pre-academic skills (Diamond, Reagan, & Bandyk, 2000). In general, studies have found positive associations between social competence and academic achievement in children (Ladd, 1990; Ladd, Birch, & Buhs, 1999).

Social competence, a skill that incorporates emotional, social, behavioural, and cognitive ability (Welsh & Bierman, 1998), is an asset to children when navigating the transition to school. This competence predicts school adjustment, overall success in

school, and long-term success in life (Meadan & Monda-Amaya, 2008; Snow, 2006).

Children who have more friends and stronger peer relationships tend to like school more and also perform better academically (Ladd, 1990). Children with disabilities are at a much greater risk for social difficulties and lack a self-awareness of social acceptance (Nowicki, 2003), and children from diverse backgrounds may have additional problems acquiring social competence (Hanson et al., 1997; Hanson et al., 1998).

There are discrepancies in the literature about how to operationalize school readiness, social competency being a factor of said readiness (Snow, 2006). Some find standardized measures to be too sterile and not reflective of the ecological dynamic developmental patterns of children and find that observations of children in their natural environments are the best assessment tool (Neisworth & Bagnato, 2004). Others find teachers are not the best resource for objective assessment of children's skills (Sattler, 2002). Matters are further complicated when one thinks of the population most accepted measures are based upon. That is to say, several demographic variables are generally not considered, although our society is constantly becoming increasingly diverse (Snow, 2006). Research often emphasizes the importance of what is assessed, even though what is assessed is in direct relation to what measures are available for assessment, and often the true nature of school readiness is lost in these situations (Snow, 2006).

Several studies have been able to demonstrate that social competence and school related skills, such as on-task behaviour and ability to follow instructions, are predictive of early school success. McWayne, Fantuzzo, and McDermont (2004) found this by using an observation based investigation. McClelland, Morrison, and Holmes (2000), similarly found that social skills (work-related social skills, specifically) predicted early school

achievement, particularly for minorities and children with disabilities. McClelland et al., in contrast to McWayne et al. (2004) utilized standardized measures over observation measures. Kemp and Carter (2005) took a slightly different approach to investigating what skills are necessary for successful kindergarten integration. The authors examined the relationship between observed behaviours, teacher-reported skills, and teachers' perceptions of success and found that skills related to social competence lead to successful transition to school and researchers' observations of these social skills, reinforced this point. Overall, although there are still questions about the best means to assess school readiness and successful transition, all of these studies, with their variable investigative tools, have yielded similar results.

The importance of social competence for successful transition and adjustment to school is made abundantly clear (Ladd, 1990; McClelland et al., 2000; McWayne et al., 2004; Meadan & Monda-Amaya, 2008; Snow, 2006) regardless of perception. Children with disabilities (McClellan et al., 2000), (especially children with ASDs) and further children with language difficulties (Hanson et al., 1997; Hanson et al., 1998) have exceptional difficulties acquiring social competence even though it is a skill that is integral to their successful transition to school. With an understanding that a child's readiness is directly related to a school's readiness for that child, the facilitation of children's adaptation to school can be achieved with the implementation of transition and collaborative practices and an alignment of prekindergarten and kindergarten values (NGA, 2005; Pianta, et al., 1999).

### **The Present Study**

Overall, the research on the transition to school of children with special needs is plentiful yet fragmented. Families and professionals have indicated several factors, such as lack of communication between schools and homes and lack of seamless funding, as barriers to successful transitions to school (Janus et al., 2007; Janus et al., 2008). An emphasis on collaboration between contexts during transition is highlighted as an important facilitator to successful transition (Dockett & Perry, 2003; Hamre & Pianta, 2001; Kraft-Sayre, & Pianta, 2000; Pianta et al., 2001; Pianta & Walsh, 1996). Research also seems to indicate that social competence is a necessary skill for children with special needs (Kemp & Carter, 2005). Social competence is especially difficult for children with special needs from minority families to achieve due to language barriers, issues of belonging, and value compatibility among children, parents, and teachers (Hanson et al., 1997; Hanson et al., 1998).

Rimm-Kaufman and Pianta's (2001) developmental model of transition highlights several different aspects of the transition process that culminate to form a dynamic interactive process. The developmental model incorporates the skills of the child, the child's environment, and the linkages between environments, with an emphasis on collaborations over time and between settings. Pianta and Kraft-Sayre (2003), while adhering to the developmental model (Rimm-Kaufman & Pianta, 2001, p.9), have developed five guiding principles for transition practices:

1. Foster relationships as resources
2. Promote continuity from preschool to kindergarten
3. Focus on family strength

4. Tailor practices to individual needs
5. Form collaborative relationships

The successful transition to school for children with special needs, and children from minority families with special needs, can be observed using Rimm-Kaufman and Pianta's (2001) developmental model of transition and Pianta and Kraft-Sayre's (2003) transition guiding principles. The importance of relationships and collaborative practices are highlighted aspects of inclusion that are often missing (Dockett & Perry, 2003; Hamre & Pianta, 2001; Kraft-Sayre, & Pianta, 2000; Pianta et al., 2001; Pianta & Walsh, 1996). These relationships need to be continuous and seamless from preschool to kindergarten (Janus et al., 2007). An autism intervention developed by Schwartz, Sandall, and McBride (2004), named the Developmentally Appropriate Treatment for Autism (DATA), also emphasizes the importance of collaboration across services and the importance of individual transition practices. What is particularly appropriate about Rimm-Kaufman and Pianta's (2001) model, for this particular population, is the focus on families' strengths, with an understanding that not all families' values and norms will be compatible with the schools'. In addition the model emphasizes the necessity to tailor transition practices to the child's and family's individual needs, whether they pertain to a child's developmental abilities or a family's grasp of the dominant language and culture.

With this developmental model in mind, this study aims to examine the transition experiences of children with ASDs and their families (both Canadian born and immigrant) as they make the transition from preschool to elementary school. This study also aims to describe children's eventual adjustment to kindergarten. Specifically, the study will focus on understanding how parents and teachers perceive children's school

transition before, during, and after the transition from preschool to elementary school. In addition, experiences of Canadian born families and immigrant families will be compared and contrasted. This study will also describe the relationship between transition practices and children's eventual school adjustment. The following questions guide this inquiry:

1. What elements are involved in children with ASDs making the transition to kindergarten?
  - a. How do parents and teachers perceive and experience this transition?
  - b. How do Canadian families' and immigrant families' experiences with transition compare?
  - c. What transition practices lead to successful transition to school, defined by parents perspectives of success?

## **Method**

### **Research Design**

This study used a mixed-methods approach to investigate transition practices of families with children with autism. Participant interviews provided rich and detailed qualitative data and both parents and preschool teachers completed quantitative standardized measures. My role as the interviewer was to guide the discussion, but ultimately the goal was to encourage families to discuss their experiences of their children's transition to school and expand on ideas they deemed pertinent. Additionally, children were observed in their preschool classrooms. We utilized the method of triangulation to investigate these qualitative and quantitative measures. Triangulation involves the concurrent collection of qualitative and quantitative data. In triangulation, qualitative and quantitative data are often allotted equal value. These different forms of

qualitative and quantitative data were compared and contrasted to see if they yielded similar results or themes (Creswell, 2008). For instance, for the purposes of the current study, parents' perceptions of children's eventual transition to school may be related to children's report cards. The use of several sources (parent, teacher, children), types of measures (e.g., SSIS, ABAS-II, observation), and processes of data collection (qualitative and quantitative) aid to increase the validity and authenticity of the investigated experience (Creswell, 2008). A comprehensive conceptualization of the transition to school for families with children with ASDs can be attained with the use of triangulation. The quantitative data was also used to describe the sample in detail.

### **Settings and Recruitment**

The majority of participants were recruited from two specialized preschool settings (Setting A and Setting B). The primary investigator approached the coordinators of these settings and described the purpose and methods of this study. Once approved by each setting, eligible parents (whose children would be making the transition to school) received a consent form (see Appendix A) and a letter stipulating the purpose of the study (see Appendix B) from their respective preschool teachers. Interested parents returned the consent forms with their contact information to their teachers, who subsequently returned the forms to the researcher. Preschool teachers of these parents were given consent forms (see Appendix C) and information letters (see Appendix D) after parents had agreed to participate in the study. Parents were then directly contacted by members of the research team to discuss pertinent details about the study and answer any questions. During this discussion the researcher and parent organized an appropriate meeting time for the initial investigation. The remaining participant was recruited from a local non-profit autism

organization. This child was attending a licensed home daycare facility for typically developing children, but worked with behaviour specialists for half of the school day.

Setting A is a private program that offers specialized individualized services for children, aged 16 mos. to seven years of age, with ASDs and other developmental disabilities. There are approximately 30 children in the program. This setting takes a multidisciplinary approach to intervention incorporating ideas from Treatment and Education of Autistic and Communication Related Handicapped Children (TEACCH; Schloper, 1994), Applied Behavioral Analysis (ABA; Baer, Wolf, & Risley, 1968), and the Picture Exchange Communication System (PECS; Bondy & Frost, 1994). The ultimate goal of this setting is to have children leave having fulfilled their fullest potential. When asked, members of the clinical team said they view parents as partners and encourage active involvement and collaboration.

Setting B is a reverse integration preschool program for children between three and a half and six years of age. There are approximately 25 children in the program. For every child who is diagnosed with an ASD there are three typically developing children. Children on the autism spectrum in this program vary in autism severity. The ultimate goal of this program is to get children fully integrated into a “typical” classroom and this is achieved with the use of behavioural therapy in addition to constant social engagement. Children with autism in the program are integrated into the typical classroom for approximately 33 to 75% of the day, depending on their needs. The remainder of the time is spent in a segregated ASD class that makes use of ABA therapy and focuses on children's individual needs. Needs are determined by observing children's current



abilities, their intrinsic motivation and making note of what children share with educators.

All participants were located in various regions of Montreal, Québec. Québec's education system abides by the Charter of the French Language (Bill 101). This charter stipulates that children's language of instruction in Québec must be French prior to post-secondary education with a few exceptions. These exceptions include a child having completed most of their education in English in Québec or having family (siblings or parents) who have completed most of their education in English in Québec (MEQ, 2009). This poses some challenges for some immigrant families, who speak English and enter Québec from another country. According to Bill 101, immigrant families' children must be taught in French regardless of their parent's language of instruction. This has implications for children's education and home-school collaboration. The current sample's language of instruction varies as a factor of their Québec status and their family's language of instruction history.

### **Participants**

Table 1 provides detailed demographic information for all of the participants. Overall, a purposeful sample of ten children, their parents, and their educators/teachers, from urban areas of Montreal, QC were studied. Purposeful samples are those in which particular participants have been intentionally selected from specific sites (Creswell, 2008). The children ranged in age, as of September 1st of 2010, from 53.8 to 87.4 months. Nine of the ten children were male. The majority of the children were diagnosed with Autism (60%), the remaining four children were diagnosed with PDD-NOS, ASD, Asperger's Syndrome, and one child had received several diagnoses and

consequently fell in the Other category. Half of the sample consisted of Canadian born families and the remaining five were immigrant families. Families were considered immigrant families if at least one parent had been residing in Canada for less than 20 years. Of the children from immigrant families, only one was not born in Canada. Seven of the ten children attended Setting A for preschool, two attended Setting B, and the final child attended an at-home daycare. One child was attending a specialized preschool setting part-time and an elementary program part-time in the Spring of 2010 and was making the transition to full-time attendance at an elementary program. The majority of the children made the transition to inclusive education programs (60%), while two transitioned to segregated programs, and two to integrated programs. Nine of these children were making the transition from full-time specialized care to full-time elementary programs in the Fall of 2010, with one exception. For the purposes of this paper specialized/segregated schools refer to schools catered to children with exceptionalities, inclusive programs refer to those in which children are in a typical classroom for more than 60% of the day, and integrated programs refer to those in which children are in a typical classroom for less than 60% of the day. The following is a detailed description of the ten families followed during this investigation. Families' names have been altered to protect their anonymity.

Table 1

*Participant Demographic Information*

Family	Child	Age (M)	Gender	Diagnosis	Family	Preschool	Elementary
Jean-Claude	Jonathan	70.2	Male	Autism	Immigrant	Setting A	Integrated
McDermott	Marc	61.5	Male	Aspergers	Canadian	Setting A	Inclusive
Ma	Malcolm	79	Male	Autism	Immigrant	Setting A	Inclusive
Thompson	Teresa	53.8	Female	Autism	Immigrant	Setting A	Segregated
Adams	Andrew	87.4	Male	Autism	Canadian	Setting A	Segregated
Girard	Jean	63.9	Male	ASD	Canadian	Setting A	Inclusive
Javier	Jessie	60.2	Male	Autism	Immigrant	Setting A	Integrated
Hanson	Hal	73.4	Male	PDD-NOS	Canadian	Setting B	Inclusive
Timmins	Trevor	66.7	Male	Other	Canadian	Setting B	Inclusive
Juan	Jordan	62.7	Male	Autism	Immigrant	Daycare	Inclusive

**Jean-Claude Family.** The Jean-Claude family have emigrated from Haiti. Mrs. Jean-Claude arrived in 1998 and Mr. Jean-Claude followed two years later. The family generally speak French or Creole at home, but do not speak English. Their children were all born in Montreal. They have a four-year-old daughter and a five-year-old son, Jonathan, who has been diagnosed with autism. Jonathan has recently made the transition from Setting A to a French speaking elementary school and is in an integrated program.

**Ma Family.** The Ma family have recently (four years ago) emigrated from China. Both parents speak English and Mrs. Ma speaks some French. Both of their mother tongues are Mandarin. Their six-year old son, Malcolm, was born in China and their 20-month-old daughter in Montreal. Malcolm has been diagnosed with autism, but has made tremendous improvements in language in the past year. Malcolm often displays a sunny disposition and is acquiring the French language at a rapid pace. He has recently made the transition from part-time care in both Setting A and a kindergarten program at a French language elementary school to full-time care in the same elementary school.

**Thompson Family.** The Thompson family consists of Mrs. and Mr. Thompson, and their four children. Mr. Thompson emigrated from Jamaica approximately 20 years ago and Mrs. Thompson has always resided in Montreal. Mrs. Thompson speaks both French and English and Mr. Thompson only speaks English. They have two sons, aged twelve and ten, and two daughters, aged seven and four. Their four-year-old daughter, Teresa, has been diagnosed with autism. The Thompson family has exhibited some concern about their daughter's toilet training. Their daughter has recently made the transition from Setting A to a segregated elementary program.

**Javier Family.** The Javier family have emigrated from the Philippines. Mr. Javier came ten years ago and Mrs. Javier came 13 years ago. Both parents speak English, but their mother tongue is Tagalog. They have two sons; one aged five and the other an infant, who were both born in Montreal. Their five-year-old son, Jessie, has been diagnosed with autism. He has recently made the transition from Setting A to a French speaking school in an integrated classroom.

**Juan Family.** The Juan family is a single parent home. Mrs. Juan emigrated from Peru 16 years ago. She speaks French, English, and Spanish. She is more proficient in French than English. She has one five-year-old son who was born in Montreal. Her five-year-old son, Jordan, has been diagnosed with autism. He has recently made the transition from a home daycare to an inclusive elementary program.

**McDermott Family.** The McDermott family are a predominantly English speaking family who have always resided in Montreal. They have two sons. Their five-year old son, Marc, has been diagnosed with Asperger's syndrome and their two-year-old has recently been exhibiting some troubling behaviours. Marc had also recently made the transition from Setting A to a French speaking inclusive elementary school, but because of a challenging experience returned to Setting A to finish the school year.

**Adams Family.** The Adams family, a predominantly English-speaking family, have always resided in Montreal. Their family consists of Mr. and Mrs. Adams and their two sons. Their eldest son is 14 and their youngest is seven. Their seven year old, Andrew, has been diagnosed with autism and severe developmental delay and has limited language proficiency. Their son has recently made the transition from Setting A to a French language segregated elementary school.

**Girard Family.** The Girard family is a predominantly French speaking family who have always resided in Montreal. Both parents also speak English. They have two children, one seven-year-old daughter and a five-year-old son. Their son, Jean, has been diagnosed with ASD. In terms of language their son is relatively high-functioning, but still demonstrates some emotional and behavioural difficulties. Their son has recently made the transition from Setting A to a French inclusive elementary program.

**Hanson Family.** The Hanson family have always resided in Montreal. They are a predominantly English speaking family, but both parents also speak French. The Hanson family have one six-year-old son, who has been diagnosed with pervasive developmental disorder – not otherwise specified (PDD-NOS), and one three-year-old. Their six-year-old, Hal, has recently made the transition from Setting B to an English inclusive elementary program.

**Timmins Family.** The Timmins family have both immigrated to Canada. Mrs. Timmins emigrated from the United States 34 years ago and Mr. Timmins emigrated from Chile 36 years ago. Because both parents have resided in Canada for over 20 years they are not considered an immigrant family in this study. The home is a predominately English speaking home but some family members also speak Greek, Spanish, and French. They have three children, two daughters, one seven and the other ten months, and one five-year old son. Their five-year old, Trevor, has been diagnosed with several disorders over the years (ASD, autism, PDD). He has recently made the transition from Setting B to an Anglophone inclusive school.

## **Procedure**

**Time 1.** Following initial telephone contact with participating families appropriate meeting times were organized for the initial interview. The interviews began in mid-August and continued into the first week of September. The principal investigator conducted the majority of the interviews with the assistance of two trained research assistants. For continuity, the researcher-interviewee partnerships were held constant throughout the investigation. The principal investigator also observed children during free play at their preschool setting using the aforementioned observation protocol. During approximately 20 percent of the observations a trained research assistant was also present to establish interrater reliability. Preschool teachers were provided with a package containing the following documents: SSIS, ABAS-II, and the checklist portion of the Transition Activities Questionnaire for Preschool Teachers (Pianta & Kraft-Sayre, 2003). The daycare centre participant's preschool teacher returned these documents using a stamped self-addressed envelope provided by the researcher. Preschool teachers were asked to fill out these forms as soon as possible. Upon completion, the principal investigator picked up the packages at the respective schools.

Parents were interviewed either in their homes or, in two instances, a location they preferred (e.g., coffee shops, McDonalds). Each audio-taped interview began with the Demographics Form, this was followed by the Transition Experience Semi-Structured Parent Interviews. Following the interview parents were provided with a package containing the following documents: MPOC-20, IOF, ABAS-II and SSIS. Package materials were explained, in detail, to parents. A self-addressed envelope was provided and parents were asked to fill out the forms within two weeks and return them by mail.

The meetings generally lasted between 60 and 90 minutes. Parents were also informed that they would be contacted fall 2010 for the second phase of the study.

During this time preschool teachers were also interviewed at their respective preschools, with the exception of one teacher (daycare centre participant) who was interviewed by telephone. The interview portion of the Transition Activities Questionnaire for Preschool Teachers (Pianta & Kraft-Sayre) lasted approximately 15 minutes.

**Time 2.** In the Fall 2010 parents were contacted by telephone by the researcher who interviewed them at Time 1 and asked when their child's first report card would be issued and when the parent-teacher interviews were scheduled. Telephone interviews were then scheduled to follow the distribution of Fall report cards and parent-teacher interviews. This time was selected to ensure parents had received formal feedback from the schools at the time of the interview. The interviews began in the first week of December and continued until the first week of February. The significant gap between the start and end dates of the interviews was due to the variability in report card distribution across the different elementary schools, in addition to variability in families' availabilities.

During the second phase of the study the Transition Experience Semi-Structured Parent Interviews were conducted over the phone. These telephone interviews were conducted in a research laboratory at Concordia University. The interviews were audio-taped while parents were on speakerphone. They lasted between ten and 30 minutes. Parents were also asked to provide the researcher with their child's report cards, either by post or electronic mail. Those providing the documents by post were sent self-addressed



envelopes to facilitate the process. Finally, parents were informed that they would be contacted in Spring 2011 for the final phase of the study.

**Time 3.** During this final phase of the study, families were again contacted to ascertain the dates of their child's Spring report card and to schedule final meetings soon after this date. Due to the delay in the reception of parents' questionnaire packages in the Fall, packages were sent to parents in the mail, prior to the final meeting. Parents were asked to fill out the forms in time for the final meeting, so that researchers could pick them up at their homes. These packages contained the following documents: MPOC-20, IOF, ABAS-II and SSIS. Final interviews were held in families' homes or other preferred locations. The third version of the Transition Experience Semi-Structured Parent Interview was conducted and lasted between 30 and 60 minutes. Families were also asked to provide their child's latest report card (Spring Term 3). At the end of the interview, families were asked to provide e-mail addresses, where a document detailing the information shared throughout all three interviews would be sent. Families were asked to read these documents and discern the validity of the statements they had shared. This form of member checking is a method of assuring the validity of the statements interpreted by the principal researcher, in addition to triangulation. Member checks were particularly helpful for the families' biographies, which were assembled from multiple sources.

## **Measures**

### **Measure of Processes of Care (MPOC-20; King, King, & Rosenbaum, 2004).**

Parents were given the Measure of Processes of Care (MPOC-20) questionnaire, which is a 20-item parent reported measure of parents' perceptions of the behaviours and

proficiencies of health care professionals (King et al, 2004). Parents are asked to rate how often they have experienced particular services and behaviours provided by health care professionals. Individual items are rated on a 7-point scale (1 *not at all*, 7 *to a very great extent*). This measure was chosen because it is based on the family-centred service model of health practices. This model emphasizes the importance of collaboration between families and health care professionals (Rosenbaum, King, Law, King, & Evans, 1998) and is in tune with Rimm-Kaufman and Pianta's (2001) developmental model of transition. The scale consists of the following five subscales: Enabling and Partnership, Providing General Information, Providing Specific Information about the Child, Coordinated and Comprehensive Care for Child and Family, and Respective and Supportive Care. The measure was designed to examine the experience of care of families with children with disabilities, is valid and reliable. Internal consistency coefficients range from .63 to .92 and test-retest reliability coefficients ranged from .81 to .86. In terms of validity, authors found significant positive correlations between the MPOC-20 and the Client Satisfaction Questionnaire (Larsen, Attkisson, Hargreaves, & Nguyen, 1979) ranging between .36 and .69. Authors also found significant negative correlations between the MPOC-20's subscales and a single-item stress question asking to what degree did the centre increase their level of stress (between -.22 and -.52). The authors also eliminated social desirability response bias as a factor by asking families to complete the MPOC-20 at two time points. During the first assessment, families were asked about their current service providers and where again asked, three to four weeks later, to answer the questionnaire but in relation to their ideal service providers. Results indicated a significant difference between actual and ideal family experiences, suggesting

that parents are not susceptible to social desirability response bias (see Appendix E for full measure).

**Impact on Family Scale (IOF; Stein & Reissman, 1980).** Parents were also given the IOF scale, which is a tool used to measure parents' perceptions of the impact of their child's chronic illness on overall family life. This measure was chosen to ascertain families' experiences and their struggles working with children with disabilities. The 24-item scale consists of four subscales: Financial Burden, Familial/Social Impact, Personal Strain, and Mastery. Parents are asked to rate to what extent their child's disability has an impact on their family on a 4-point scale (*1 Strongly Disagree, 4 Strongly Agree*). The IOF is a valid and reliable tool that has also been used to assess the impact of children with behavioural difficulties (Sheeber & Johnson, 1992) and further Sheeber and Johnson have concluded that this scale is globally administrable to children who are difficult to take care of. Internal consistency for the four scales ranged from .56 and .88 (see Appendix F for sample questions).

**Adaptive Behavior Assessment System (ABAS-II; Harrison & Oakland, 2003).** Parents and teachers were asked to complete the ABAS-II. The ABAS-II is a standardized, reliable, and valid measure of children's adaptive behaviour skills. Previous research has used the ABAS-II to determine children and adult's with ASDs adaptive behavioural skills (e.g., Kenworthy, Case, Harms, Martin, & Wallace, 2009). In total there are five report forms for this tool (Teacher/Daycare Provider Report Form Ages 2 to 5, Teacher Daycare Provider Report From Ages 5 to 21, Parent/Primary Caregiver Report Form 0 to 5, Parent/Primary Caregiver Report form 5 to 21, and Self Report Form 16 to

89). For the purposes of this study the Parent/Primary Caregiver and Teacher/Daycare Provider Report forms were utilized.

The ABAS-II consists of four domains: Conceptual, Social, Practical, and General. In addition there are ten skill area scores: Communication, Community Use, Functional Academics, Health and Safety, Home or School Living, Leisure, Self-Care, Self-Direction, Social, and Work. Individual items are rated on a 4-point Likert-type scale (*is not able, never or almost never when needed, sometimes when needed, and always or almost always when needed*). The domain scores have a mean of 100 and a standard deviation of 15. The skill area scores have a mean of 10 and a standard deviation of 3.

The normative sample for this measure was based on 1999 and 2000 census data from the United States. In total 7,370 participants made up the sample. Overall, 31 different age groups were identified across the five report forms. There was an even distribution of males and females, except in the two oldest age groups. In an effort to be consistent with census data these older age groups contained more females than males. Race and ethnicity proportions were also based on US census data.

Internal reliability coefficients for each skill area were mostly above .90. The General domain score's reliability coefficients were between .97 and .99. The correlations between skill areas were moderate to high (.40-.70), which gives evidence of related but independent skill areas. Test-retest reliability for the General domain was mostly at .90 or approaching.

In terms of validity the overarching framework that the ABAS-II was based on came from the DSM-IV-TR and the American Association of Mental Retardation

(AAMR) criteria and standards. Additionally, exhaustive literature searches, advice from experts, and reviews were used to develop individual items on the measure. Construct validity was supported by a factor analysis, which determined that the General domain, as well as the three supporting domains (Conceptual, Social, Practical), are distinct variables. As mentioned before the skill areas were moderately related. The skills areas were also moderately related to their respective domains (.55 to .78) and more highly correlated with the General domain (.64 to .82). The supporting domains were highly correlated to the General domain (.78 to .93). Several studies indicate that the ABAS-II is moderately to highly correlated with the Vineland Adaptive Behavior Scale (VABS; Sparrow, Balla, & Cichetti, 1984; Sparrow, Balla, & Cichetti, 1985), such that the General domain of the ABAS-II and the Adaptive Behavior Composite of the VABS have a correlation of .70 to .84. The ABAS-II also has a high correlation to the Behavior Assessment Scale for Children (BASC; Reynolds & Kamphaus, 1988). The BASC's Adaptive Behavior Composite and the ABAS-II's General domain have a correlation of .80 (see Appendix G for sample questions).

**Social Skills Improvement System (SSIS; Gresham & Elliott, 2008).** Both parents and teachers were given the SSIS, a standardized, reliable, and valid multirater (Parent, Teacher, and Student), tool used to measure children's social competence. The SSIS is a revision of the Social Skills Rating Scale (SSRS; Gresham & Elliott, 1990). The SSIS enhances several features of the SSRS. Some of these improvements are particularly pertinent to this sample. Firstly, the norms have been updated and measures aimed at children between three and five have been improved. Second, subscales have been added to the measure. Of particular importance for this study, is the Autism

Spectrum subscale. Third, individual items on parent, teacher, and student forms are more easily aligned.

The SSIS consists of three domains: Social Skills, Problem Behaviors, and Academic Competence. The Social Skills domain consists of the following subscales: Communication, Cooperation, Assertion, Responsibility, Empathy, Engagement, and Self-Control. The Problem Behaviors domain consists of the following subscales: Externalizing, Bullying, Hyperactive/Inattention, Internalizing, and Autism Spectrum. Finally, the Academic Competence domain, which is only included in the teacher report form, asks teachers to report on children's reading and math performance, motivation, parental support, and cognitive functioning. The parent and teacher report forms are for children between three and 18 years of age. The student report form comes in two options: eight to 12, and 13-18. For the purposes of this study only the parent and teacher report forms were used.

Individual items are rated by frequency (frequency a child demonstrates a particular social skill or behaviour problem) on a 4-point scale that goes from *Never* to *Always*. Teachers rate Academic Competency by using a 5-point scale, by indicating the competence of the child in relation to the classroom.

For the purposes of this study the items were scored using the single-sex norms. The authors suggest these norms because social behaviours between males and females tend to manifest themselves differently. Additionally a 68% confidence interval was used at the suggestion of the authors.

The normative sample included over 4,700 children, between three and 18 years of age, throughout the United States of America. The children in the sample consisted of

both typically developing children and children with intellectual disabilities. The internal consistency of each domain's (Social Skills, Problem Behaviors, and Academic Competence) coefficient alpha ranged from .90 and .97 for each age group and type of form. The subscales internal consistency was lower. The coefficient alpha for the subscales ranged from .70 and .93., the Student Report form representing the lowest scores.

The domains' test-retest reliability coefficients for the Teacher Report forms were .82 for Social Skills, .83 for Problem Behaviors, and .92 for Academic Competence. The Parent Report forms' coefficients were .84 for Social Skills and .87 for Problem Behaviors. Subscales test-retest reliability ranged from a correlation coefficient of .68 to .86 for the teacher form and .73 to .88 for the parent form.

Items on the SSIS are based on empirical literature on social skills in special populations and reviews of the SSRS. More specifically, key words were used to develop the Social Skills items and the DSM-IV-TR was used as a guideline to develop the Problem Behavior items. Another source of content validity is the rating of "perceived importance" for each Social Skills item. During standardization the mean rating of "perceived importance" was equal or greater than 1.0. In essence, raters deemed all items to be important.

Internal validity demonstrates, as the authors expected, a negative correlation between the Social Skills and Problem Behaviors scales (most items fall between -.42 and -.65). There is a positive correlation between the Social Skills and Academic Competence scale (5 to 12 Teacher Form - .50 and 13 to 18 Teacher Form - .53). The Social Skills subscales are positively correlated such that most coefficients exceed .50.

Most coefficients for the Problem Behaviors subscales exceed .80, Internalizing Behavior being the exception with most coefficients lying at .50 or below. The Autism Spectrum subscale is, as expected, negatively correlated with the Social Skills scale (-.70s and -.80s) and positively correlated with the Problem Behaviors scale (mostly .70s).

The SSIS is also highly correlated with several widely used behaviour scales such as the Behavior Assessment System for Children – Second Edition (BASC-2; Reynolds & Kamphous, 2004) and the Vineland Adaptive Behavior Scales – Second Edition (Vineland-II; Sparrow, Cichetti, & Balla, 2005; Sparrow, Cichetti, & Balla, 2006). The Social Skills scales for the Teacher Forms of the SSIS and the BASC-2 have a high positive correlation ranging between .74 and .78. The Problem Behaviors scales also have a high positive correlation ranging between .71 and .95. The Parent Form correlations are moderate to high (Social Skills: between .57 and .80; Problem Behaviors: 80s range). The Vineland-II's correlation to the SSIS Teacher Form is moderate to high. The SSIS's Social Skills scale has a coefficient of .64 with Vineland-II's Socialization domain and .68 with the Daily Living Skills domain. Vineland-II's Communication domain has a coefficient of .74 with SSIS's Academic Competence Scale. The Parent Forms for these measures demonstrate moderate to low correlations. SSIS's Social Skills scale has a coefficient of .48 with Vineland-II's Socialization domain. SSIS's Problem Behaviors scale has a moderate to low correlation with related domains in the Vineland-II (between .25 and .63) (see Appendix H for sample questions).

**Demographics Form.** Parents filled out a brief demographics questionnaire (see Appendix I) to determine the child's age, sex, place of birth, ethnic background, official diagnosis, current preschool enrolment, and future elementary school. Parents' age, place



of birth, occupation, and level of education were also ascertained. The forms also included information regarding characteristics of home life and the family's history. This information was used to describe the sample in detail.

**Transition Experience Semi-Structured Parent Interviews.** The initial semi-structured interview was conducted to assess families' early experiences with transition practices. This interview was conducted in the Summer 2010, before children had undergone the transition. The interview was structured based on Rimm-Kaufman and Pianta's (2001) developmental model of transition. More specifically the developmental model's five guidelines (relationships, continuity, family strength, individual practices, and collaboration) guided the interviews overall framework. The specific questions were adapted from Pianta and Kraft-Sayre's (2003) Kindergarten Transition Parent Interview – Preschool. The open-ended nature of the questions allowed participants to emphasize personal matters of importance.

The second interview was held after families' had received their child's first report card and had attended a parent-teacher interview (Fall/Winter 2010/2011). This interview was conducted in order to attain a brief update on the child's transition experience. This interview focused on the home-school relationship and the child's adaptation to a new context.

The third and final interview was held after the Spring 2011 report card. The goal of this interview was to glean an understanding of the transition to school as a process. Questions in this interview were similar to the initial interview. However, families were often asked to compare previous experiences at preschool to current experiences in

elementary school. In addition, more detailed questions about the transition to school were also asked (see Appendix J for all three transition interview questions).

**Social Interaction Observation.** Observations took place during one free-play session at the child's preschool. The coding system is derived from a scheme that has been used to determine children with disabilities' level of social interaction in the literature (Hundert & Hopkins, 1992; Hundert, Mahoney, & Mundy, 1993; Hundert, Mahoney, Mundy, & Vernon, 1998), and was originally adapted by Odom et al. (1988). A partial interval recording process was used, where observers cycled between 10-second observe and 20-second report periods, for a period of ten minutes. This process was repeated culminating in a total of 20 minutes of observation for each child. The codes (see Appendix K for all category definitions) consist of the following descriptions of social interaction: Out (absent from play area), No Play, Isolated/Occupied Play, Proximity Play, Interactive Play, Negative Play (i.e. aggressive behaviour), Teacher Interactions, and Initiated. Two trained observers observed these sessions. Interrater reliability checks were conducted for approximately 20% of the observation sessions. An interrater reliability analysis using the Kappa statistic was performed and the reliability was found to be  $Kappa = .78$  ( $p < .000$ ), which is considered substantial agreement.

**Elementary School Adaptation.** Children's elementary school report cards were investigated to discern elementary school teachers' perceptions of children's adjustment to school. Report card grades from the First Term (Fall) were collected at Time 2 and the Third Term (Spring) grades were collected at Time 3. Families' perceptions of successful adaptation and transition to school were discerned from an item in the third Transition

Experience Semi-Structured Parent Interview, which asks parents to rate their child's transition to school on a five-point scale, ranging from Very Good to Not Good.

## **Quantitative Results**

### **Quantitative Data Analysis**

The purpose of the quantitative analysis was largely to accurately describe the sample in terms of children's social and adaptive skills, while also capturing families' perspectives on their children's special needs and the resources available to them. In addition, frequencies of instances of home-school communication and transition practices were calculated to determine the rate of home-school collaboration. The quantitative results will also be compared to the qualitative analysis described in the following section in an effort to triangulate the data collected. Descriptive statistics (means, standard deviations, and ranges) and frequencies were analyzed with the *IBM Statistical Package for Social Sciences* (SPSS; version 19 © 2010). To address the research question related to parent and teacher perceptions of the transition to school, descriptive statistics of parents' and preschool teachers' perspectives of children's social and adaptive behaviour were calculated. Descriptive statistics of parents' perceptions of the impact of their child's disability and their perceptions of health care professionals were also computed. A description of elementary school teachers' perceptions were also ascertained by investigating report cards. In order to gain a better understanding of what transition and collaborative practices lead to successful school transitions, an initial frequency count of these practices was conducted to determine prevalence. In addition, collaborative practices during preschool and elementary school were also gathered from parents. Parents' perceptions of successful transitions were also analysed. A case-by-case analysis

of parents' perceptions of the successful collaborative and transition practices were described to attempt to understand if families' transition and collaborative experiences are related.

### **Descriptive Analysis**

**Children's adaptive behaviour.** Children's scores on the ABAS-II are reported in Tables 2 and 3. Scores below 70 are considered Extremely Low, 71-79 are considered Borderline, 80-89 are Below Average, 90-109 is Average, and 110-119 is considered Above Average. In general, prior to transition to school, parent-reported scores for the ABAS-II were in the Extremely Low-Borderline range in all four domains, indicating that children's adaptive skills were below average for their age. Teacher-reported scores were higher than parent scores; more specifically, children were classified in the Borderline-Below Average range. Once children made the transition to school, approximately nine months into the school year, parent-reported scores for the ABAS-II indicated that children's adaptive skills remained similar to Time 1, that is, in the Extremely Low-Borderline range.

Table 2

#### *Time 1 and Time 3 Parent Reported Means of Children's Adaptive Behaviour*

Domain	M		SD		Min		Max	
	T1	T3	T1	T3	T1	T3	T1	T3
General Adaptive	67.38	67.89	16.13	17.54	42	40	87	91
Conceptual	72.63	71.44	16.12	17.36	53	50	93	95
Social	72.38	75.11	10.43	13.38	58	55	91	100
Practical	64.88	65.56	19.79	19.27	40	40	94	89

Table 3

*Time 1 Teacher Reported Means of Children's Adaptive Behaviour*

Domain	M	SD	Min	Max
General Adaptive	80.30	20.47	47	116
Conceptual	83.50	19.13	57	119
Social	80.70	18.86	55	108
Practical	77.30	20.16	47	112

**Children's social skills and problem behaviour.** Children's scores of the SSIS are reported in Tables 4 and 5. Scores are considered Below Average if they are less than 85, Average if they are between 85 and 115, and above average if they are more than 115. In general, before the transition to school, parents reported that children's social skills were slightly below average (M=75.67) and their problem behaviours were in the average range (M=97.13). Preschool teachers scores on the SSIS were higher than parents' scores for both the Social Skills domain (M=86) and the Problem Behaviours domain (M=117.44). Once children made the transition to school, nine months into the school year, children's Social Skills remained similar to Time 1 (M=70.67), but their problem behaviours appeared to increase (M=114.44) but remained in the average range.

Table 4

*Time 1 and Time 3 Parent Reported Means of Children's Social Skills and Problem Behaviours*

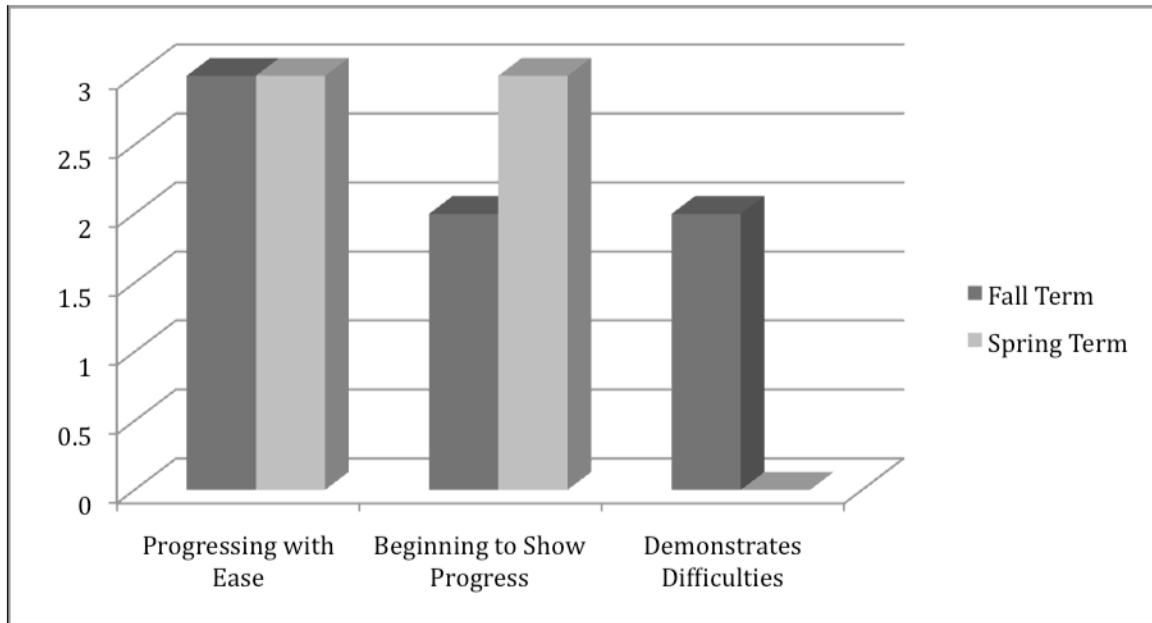
Domain	M		SD		Min		Max	
	T1	T3	T1	T3	T1	T3	T1	T3
Social Skills	75.67	70.67	16.87	21.21	45	40	92	101
Problem Behaviours	97.13	114.44	25.44	14.65	40	89	120	140

Table 5

*Time 1 Teacher Reported Means of Children's Social Skills and Problem Behaviours*

Domain	M	SD	Min	Max
Social Skills	86	20.35	43	113
Problem Behaviours	117.44	10.28	106	133

**Elementary school teachers' perceptions of social adaptation.** Due to issues with accessibility, elementary school teachers' perceptions of adaptive behaviour, social skills, and problem behaviours were limited. By investigating children's report cards, an assessment of elementary school teachers' perceptions of children's adaptation was discerned. In general, report cards described children's progress in several domains and children's adaptation in social domains will be reported, given the importance of social competence in transition to school (Odom, McConnell, & McEvoy, 1992). Generally, letter grades of A and B ( $\geq 80\%$  for numeric grades) represent children who are progressing with ease, C (60-79%) represents children who are beginning to show progress, and D ( $<60\%$ ) children who are demonstrating difficulties. For children who made the transition to Grade one (Hal and Malcolm) their report card cards were in percentages. Figure 1, which describes children's grades in the Fall and Spring Terms of the academic year, shows that in the Fall Term three children fell in the "Progressing with Ease" range, two in the "Beginning to Show Progress" range, and two in the "Demonstrating Difficulties" range. In the Spring Term, three children fell in the "Progressing with Ease" range again, three in the "Beginning to Show Progress" range, and none in the "Demonstrating Difficulties" range.



*Figure 1.* Elementary school teachers' perceptions of children's social adaptation.

Table 6 describes children's individual progress from Term 1 to Term 2, and compares it to preschool teacher's perceptions of Social Skills, Problem Behaviours, and Adaptive Behaviour. According to Table 6, generally, children's progress in elementary school, from Term 1 (Time 2) to Term 3 (Time 3) appeared relatively limited, with the exception of Jonathan. Marc had no report card for Term 2 because his parents opted to pull him out of kindergarten and return him to his preschool setting (since kindergarten is not mandatory in Québec). When we compare children's preschool adaptation to elementary school, often children who seem to be "Progressing with Ease" also demonstrated preschool Problem Behaviours in the Average range. Some of the children who were in the "Beginning to Show Progress" range were also within, or close to, the "Average Range" for Social Skills and Problem Behaviours. In terms of children's General Adaptive Behaviour (GAC), this appeared to be more variable. For instance, Teresa's GAC was quite below the Extremely Low average cutoff (70), yet she appeared to be adjusting, in social domains at school, "with Ease." Marc, on the other hand, had a

GAC in the “Borderline” range, but “Demonstrates Difficulties” at school. These discrepancies may be related to the different classroom contexts these children have transitioned to, the supports/resources available to them and/or their individual differences. For instance, Teresa made the transition to a segregated specialized school, whereas Marc made the transition to an inclusive program.

Table 6

*Children's Individual Progress: Preschool (Time 1) and Elementary School (Time 2 and 3) Teachers' Perceptions of Child's Adaptation*

Child	Pre GAC	Pre SS	Pre PB	Term 1	Term 3
Jonathan	69.00	78.00	108.00	Difficulties	Beginning
Marc	82.00	92.00	133.00	Difficulties	---
Malcolm	116.00	104.00	114.00	Ease	Ease
Teresa	56.00	43.00	106.00	Ease	Ease
Andrew	47.00	70.00	117.00	N/A	N/A
Jean	103.00	113.00	117.00	Beginning	Beginning
Jessie	86.00	94.00	125.00	N/A	N/A
Hal	83.00	85.00	106.00	Beginning	Beginning
Trevor	88.00	104.00	99.00	Ease	Ease
Jordan	73.00	77.00	131.00	Difficulties	Difficulties

**Parents' perceptions of health care professionals.** Table 7 illustrates parents' scores on the five subscales of the Measure of Processes of Care (MPOC-20; King et al., 2004). Mean scores of 4 subscales indicate that parents find that health care professionals, in this case preschool staff, "sometimes" meet their needs and a score of 7 (or slightly less than 7) means that parents feel professionals are satisfying their needs "to a great extent." Prior to the transition to school, while children were in preschool, parents reported well above average scores on all MPOC-20 subscales. Specifically, Providing Specific Information was rated highest (M=6.04) and Providing General Information was rated lowest (M=5.27). These scores indicate that parents felt that preschool



professionals met their needs. After the transition to school, although scores remain close to or above average, scores at Time 3 (kindergarten) are lower than the Time 1 (preschool) scores. Similarly, Providing Specific Information, was rated highest ( $M=5.06$ ) and Providing General Information was rated lowest ( $M=3.87$ ).

Intercorrelations (see Table 8) between Time 1 and Time 3 show that Enabling & Partnership ( $r=.83$ ), Providing General ( $r=.89$ ) and Specific Information ( $r=.86$ ) are correlated at Time 1 and Time 3.

Table 7

*Time 1 and Time 3 Means of the Parents' Perceptions of Health Care Professionals*

Subscale	M		SD		Min		Max	
	T1	T3	T1	T3	T1	T3	T1	T3
Enabling & Partnership	5.41	4.38	1.17	1.42	4	2	7	6
Providing General Information	5.27	3.87	1.03	1.59	4.4	1.60	7	6
Providing Specific Information	6.04	5.06	.84	1.62	4.67	2.67	7	7
Coordinated & Comprehensive	5.75	4.64	.69	1.01	4.5	3	6.5	6
Respective & Supportive	5.68	5.05	1.05	1.04	3.8	3.25	7	6.60

**Parental perceptions of the impact of their child's disability.** Table 9 indicates parents' scores on the Impact on Family Scale (IOF; Stein & Reissman, 1980). In general, prior to the transition to school, families indicate that their child's disability is a financial burden ( $M=3.08$ ). Families do not believe that their children's special needs seem to be associated with Familial/Social and Personal Strain and that parenting a child with special needs is associated with "positive" feelings of Mastery. Once children make the transition to school, parents perceived that their children's special needs is associated with less strain ( $M=2.61, 2.32, 3.08$ ) and parenting a child with special needs is associated with the same level of Mastery ( $M=3.08$ ). Intercorrelations between Time 1 and Time 3 data (see Table 10) illustrate that at T1 Familial/Social and Personal Strain

Table 8

*Intercorrelations of Parents' Perceptions of Health Care Professionals at Time 1 and Time 3*

Subscales	1	2	3	4	5	6	7	8	9	10
1. T1 Enabling & Partnership	--	.93*	.81*	.46	.62	.83*	.80*	.90*	.64	.82*
2. T1 Providing General Information		--	.80	.47	.42	.86*	.89*	.75	.67	.77
3. T1 Providing Specific Information			--	.85*	.83*	.59	.60	.86*	.46	.71
4. T1 Coordinated & Comprehensive				--	.82*	.24	.24	.59	.28	.49
5. T1 Respective & Supportive					--	.28	.20	.79*	.26	.56
6. T3 Enabling & Partnership						--	.93*	.66	.93*	.90*
7. T3 Providing General Information							--	.64	.80*	.70*
8. T3 Providing Specific Information								--	.49	.77*
9. T3 Coordinated & Comprehensive									--	.87*
10. T3 Respective & Supportive										--

are related, at Time 3 Financial and Personal Strain are related, and Time 1 Personal Strain is related to Time 3 Mastery.

Table 9

*Time 1 and Time 3 Means of Parents' Perceptions of the Impact of their Child's Disability on Family Life*

Subscales	M		SD		Min		Max	
	T1	T3	T1	T3	T1	T3	T1	T3
Financial	3.08	2.61	.61	1.01	2.25	1.25	4	4
Familial/Social	2.55	2.32	.66	.59	1.63	1	3.67	3.22
Personal Strain	2.68	2.39	.44	.60	2.33	1.5	3.67	3.33
Mastery	3.08	3.08	.51	.34	2.40	2.75	3.80	3.80

Table 10

*Intercorrelations of Parents' Perceptions of the Impact of their Child's Disability on Family Life at T1 and T3*

Subscales	1	2	3	4	5	6	7	8
1. T1 Financial	--	.42	.60	.44	.67	.30	.68	.45
2. T1 Familial/Social		--	.73*	.22	.06	.36	.46	.63
3. T1 Personal Strain			--	.55	.40	.16	.67	.94**
4. T1 Mastery				--	.50	.35	.65	.70
5. T3 Financial					--	.56	.87**	.30
6. T3 Familial/Social						--	.61	-.02
7. T3 Personal Strain							--	.59
8. T3 Mastery								--

**Frequency of Transition to School Practices and Successful School Transitions**

**Transition practices.** Figure 2 illustrates parents' perceptions of their involvement in transition practices. There was variability in practiced transition practices. The majority of the ten families took part in kindergarten registration (n=9; The Ma's did not take part because Michael was going into grade 1). Most families received a letter from the school (n=8) and took a tour of the school (n=7). No families received a phone call from the kindergarten teacher or a home visit from the school staff. Rarely, did any parents take part in a "Back to School Night" (n=1) or a summer activity (n=2). Surprisingly, only three families met their child's kindergarten teacher before their child entered the class in the Fall.

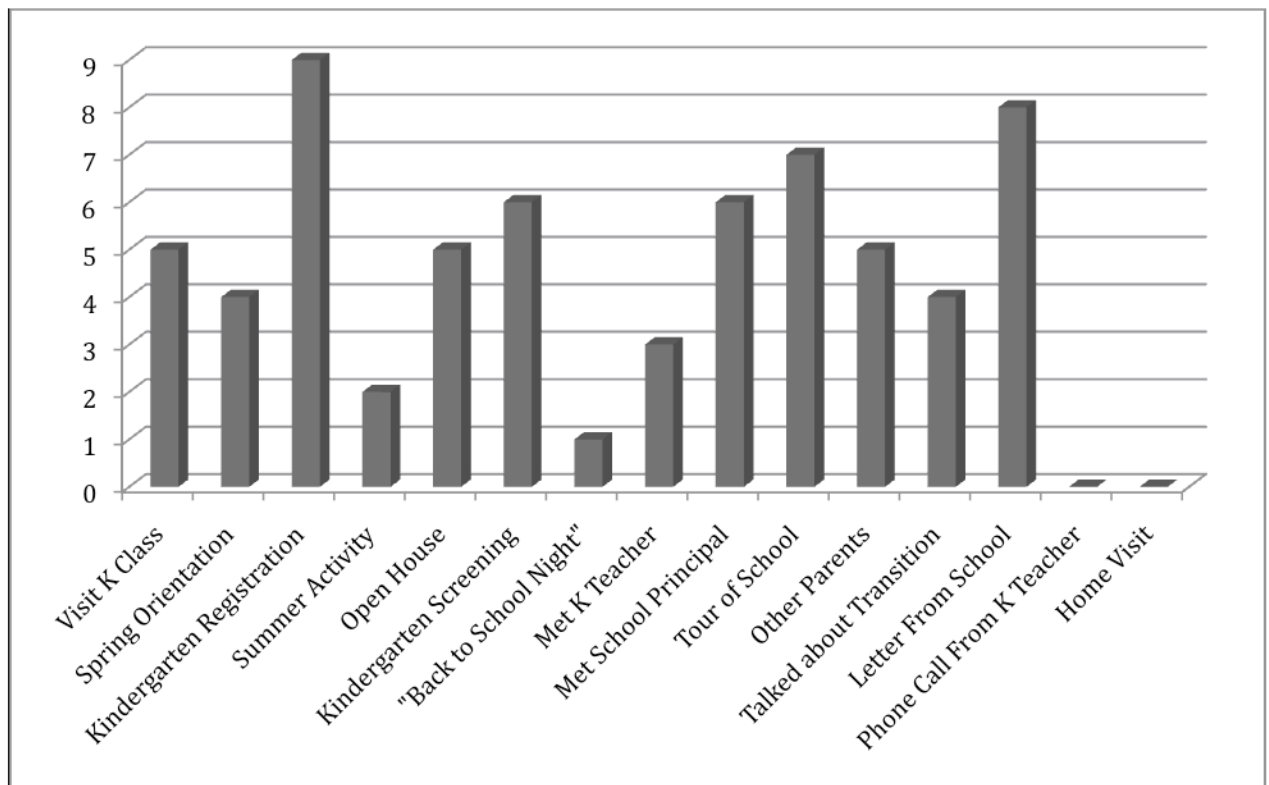


Figure 2. Frequency of parent reported transition activities.

**Home-school collaboration.** Figure 3 illustrates the level of collaboration and communication between home and school at Time 1 and Time 3. In general, the level of communication between home and school at Time 1 (preschool) and Time 3 (elementary school) was relatively similar for most items. One participant discontinued their participation in the study at Time 3 (due to a busy schedule), and as such their collaborative practices at Time 1 have been omitted. A few discrepancies were present; fewer parents met with the school director at elementary school ( $n=6$ ) than at preschool ( $n=9$ ). Fewer parents also took part in school wide events at elementary school ( $n=5$ ) than at preschool ( $n=8$ ). Some parents took part in helping their children with homework ( $n=3$ ), taking field trips ( $n=5$ ), and were members of Parent-Teacher Organizations ( $n=2$ ), whereas no parents did these activities at preschool. Homework is not applicable to

children at the preschool level and since these preschools were small, there were no opportunities for Parent-Teacher Organization membership.

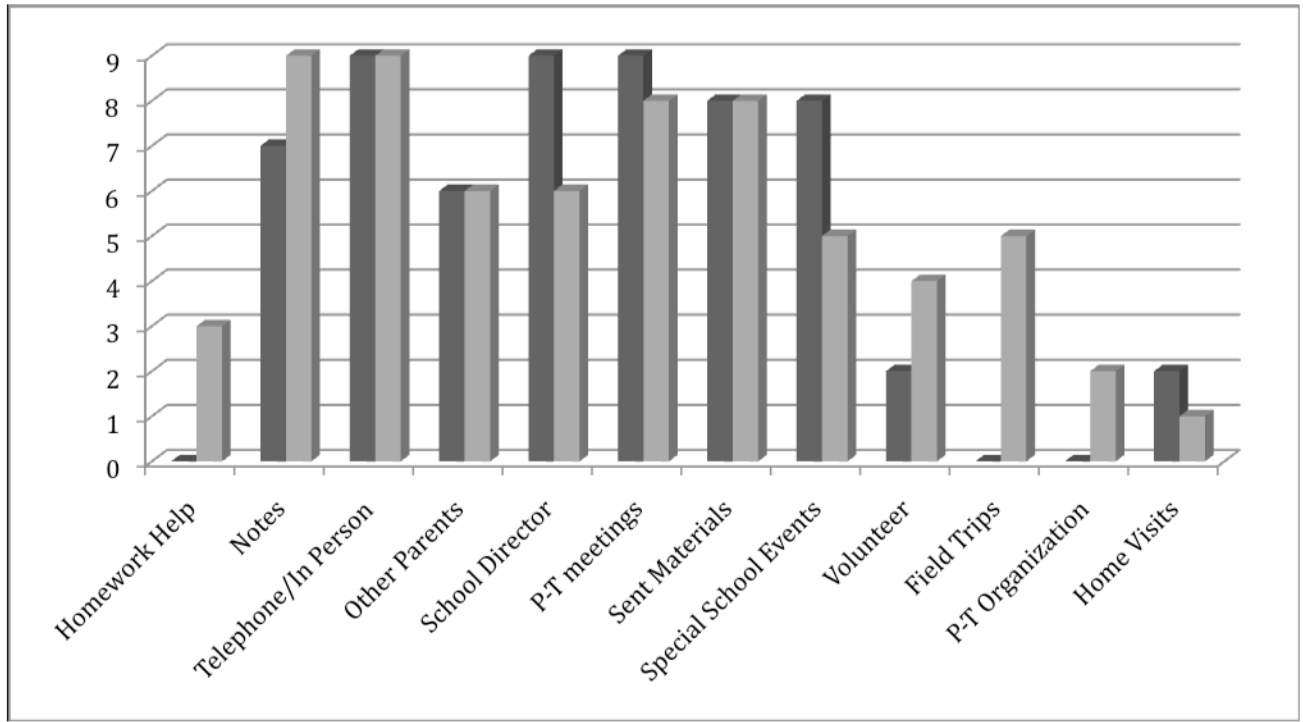
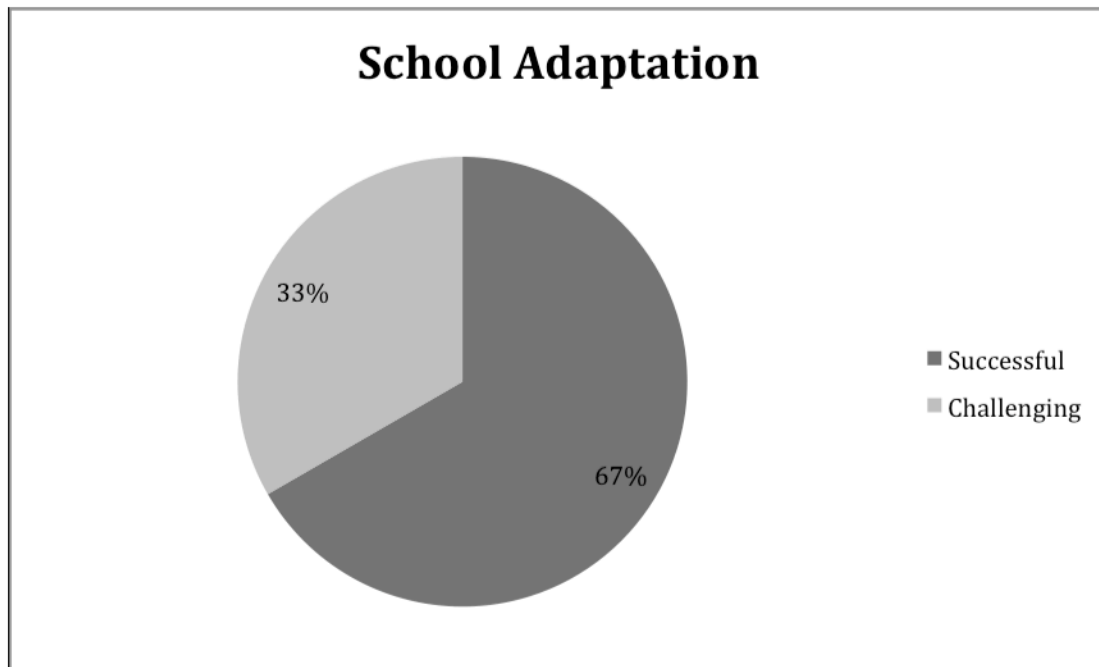


Figure 3. Frequency of home-school collaboration at Time 1 and Time 3.

**Families' perceptions of successful school transitions.** Families were asked to stipulate whether their children had a "Successful Transition" or a "Challenging Transition" to school during the qualitative interviews. As demonstrated in Figure 4, a large proportion of the sample stipulated that their child experienced a successful transition to school (6 out of 10). The remaining three participants said they had a challenging transition to school. One family discontinued their participation in the study and their perceptions after the transition to school were not obtained.



*Figure 4.* Parents' perceptions of successful school transitions.

**Families' successful transitions: Presence or absence of transition and collaborative practices.** Given the large discrepancy between parents' contact with school directors at Time 1 (preschool) and Time 3 (elementary), and the surprising finding that only three of the ten families had met the their child's elementary school teacher prior to elementary school, a case-by-case analysis was conducted (refer to Table 11) to decipher if those families who had more frequent contact with the school principal and who had met their child's elementary school teacher prior to the transition to school, also experienced successful transitions to school. In general, those families who had met their child's elementary school teacher prior to the transition to school (n=3), also perceived that their child underwent a successful transition. In terms of contact between parents and school principals, several families who experienced positive transitions (n=3) had never met the school principal, whereas all of the families who stressed challenging experiences had met the school principal (n=3).

Table 11

*Parents' Perceptions of Successful School Transitions in Relation to Transition and Collaborative Practices*

Family	Successful?	Met Teacher	Met Principal
Jean-Claude	Yes	No	Never
McDermott	No	No	1-2 times
Ma	Yes	No	Never
Thompson	Yes	No	Never
Adams	No	No	1-2 times
Girard	No	No	3 or more
Javier	N/A	Yes	N/A
Hanson	Yes	No	1-2 times
Timmins	Yes	Yes	3 or more
Juan	Yes	Yes	1-2 times

## Qualitative Results

### Qualitative Analysis

Qualitative analysis of the Transition Experience Semi-Structured Parent Interviews was conducted to capture the experiences of these families and their children during the transition to school. This overarching research question, and its three supporting questions were addressed with an in depth analysis of the qualitative interviews. Interviews were audio recorded and later transcribed using Microsoft Word. Interviews were subsequently coded, using Microsoft Word, through Glaser and Strauss' (1967) constant comparative method. Through this inductive and comparative method, data is initially categorized with open coding, where researchers' initial notations of the data are noted. This stage is generally expansive and liberal. Next, these codes are grouped together into smaller categories, a method called axial coding; a stage that is characterized by reflection and understanding. Finally, these groupings are refined to elicit broader themes, thus the initial inductive process becomes deductive, and broad

categories or themes, which have emerged from the data, are highlighted and discussed (Merriam, 2009). The emergent themes from this dataset are discussed below.

## **Findings**

The following seven themes emerged from the data analysis: (a) the importance of caring partnerships between home and school, (b) the often difficult and tenuous relationship between teachers and parents, (c) instances of collaboration and open communication, (d) variables that led to successful transitions to school, (e) challenges or barriers to successful transition, (f) children's experiences with the transition to school, and (g) families' struggles and support systems during the transition to school. Two case studies were also included in the analysis to highlight how different families can experience very different challenges during the transition to school. In general, families' experiences during preschool were relatively positive. Once families and children made the transition to school, however, variability in experiences emerged. Empathetic, caring relationships, open dialogue, and available resources characterized effective partnerships and successful transition. When these variables were lacking, children and families struggled with the integration into a new context, elementary school.

**Caring partnerships -- Issues of quality.** One of the salient themes that emerged from the data was the importance of establishing home and school relationships that were characterized by empathy, caring, and understanding. Parents felt that working with school staff who genuinely cared for and supported the needs of their children was an essential component of the home and school relationship.

In general, parents' relationships with the preschool staff were positive. When asked why these relationships were successful parents often stated that the relationship



between home and preschool's success was in large part due to the genuine care and understanding these educators demonstrated. Mr. McDermott shared:

Well you also feels she genuinely cares. It's not just a job. .... No, there seems to be some sort of emotional attachment to Marc. Genuine care about how he's doing. That he's doing better and I think the first time we had gone and we saw there was an improvement and she was almost eager to show us how he had improved. And she was happy that he had improved also.

Evidence of the care and support teachers demonstrated came in a variety of forms. Teachers' genuine support for children was often demonstrated by shared happiness for children's progress (i.e., Mr. McDermott). Having an open and positive disposition was another contributing factor. Mrs. Girard says her relationship with the school was successful, "Because they're really good. [*Teacher's name*], the girl who I've been talking to the last year, and she's in charge. She's really nice," and Mrs. Javier mentioned that she is comfortable communicating with the school, "Because they're friendly, they're very special, I never see them frowning." Additionally, having time for families and displaying open communication were also characteristics of caring partnerships.

They seem to care about what happens to Teresa. They meet with us before. They have meetings with us once a month. They invite my husband and I to come and observe Teresa. They have two-way mirrors and we observe Teresa once a month. They communicate with us very good. (Mrs. Thompson)

Mrs. Thompson's comment also seems to indicate that the role of the educator is not merely to support the needs of the child, but also to support the needs of the family as

a unit. Mrs. Javier echoed a similar sentiment: "They're more accepting and very supportive." Issues of family support will be discussed in a later section.

Although the majority of families expressed positive experiences in preschool, Mrs. Adams' relationship with educators at Setting A was also, generally, positive, however she mentioned that for a brief period one of her child's teacher's was often defensive when she made comments but the current teacher is very open to suggestions.

Once families made the transition to elementary school, caring relationships remained an important aspect of the home-school dynamic. Mrs. Girard mentioned, "Good communication, showing that you care for your kid and the people that are working for him," and Mrs. McDermott found that, "The teacher really, really wanted to help him," indicating that the teachers' motivation to commit and care for their students remained central. Although the importance of caring partnerships may not have decreased, the quality of the relationships between home and elementary school appear to have changed. Parents at the elementary school level did not describe successful relationships as caring and genuine as frequently as they had during preschool. When asked why her relationship with her daughter's elementary school was successful, Mrs. Thompson mentioned practical services that help support her as a parent, "Well I love the bus service. It comes right to our home and brings her back home," and when asked how her relationship with the elementary school compared to that with the preschool shared:

Setting A, I was close to them for sure. Cause I could get to go there. I could talk to them more. I get to see what they do. I was much closer with them. And one of the teacher's from Setting A came here one time to observe her. I was much

closer with Setting A, absolutely. And plus they were English. English and French, but English especially, so it was easier. This school is only French.

Mr. Hanson said, "Just everything has gone well. There have been no disputes. There has been very good feedback both ways. Communication has not been an issue." Mrs. Girard, although having mentioned a good overall experience with the school, when asked specifically about her relationship with her son's teacher says, "Ah, she is good but what I feel is that she did not get a full picture of Jean when he was younger"*[Translated]* and continued to describe challenges, instead of benefits, to the partnership, which will be discussed later. Mrs. Adams also discusses the inadequacy of the education system at her child's school:

I don't really feel that I have a very strong relationship with them I think because I am disappointed like even when they have things to raise money I don't know really participate that much with them anymore because I don't find the service that great.

The support system, that appears to be intricately connected to establishing caring partnerships, seems absent in Mrs. Adams' case; her son's needs are not being met and consequently she feels disengaged from the school. Mrs Adams also shares, "I would not say it is going so well. I think basically the school system for his level, I don't think it's just the school, I just think the schools available for his level aren't the greatest."

An interesting aspect of the home and school partnership was the bidirectional nature of caring and empathy. Mrs. Girard felt it necessary to empathize with teachers and demonstrate an understanding of the daily challenges teachers are exposed to. It was equally important for parents to lend support and understanding to the teachers that are

working with their children as it was for parents to feel supported by the teacher. While talking about her relationship with the school, Mrs. Girard talks about her appreciation for the school staff, the lunch monitor in particular.

Because I participate a lot and I show them, and I have been flattering them a lot, I'm saying...ya you have to do that. Like because they have a lot on their shoulders, like at [Setting A] it was the 'Cadillac', it was one for two and there she is alone with 20 and when Jean is on the floor and saying 'no', you have to go to the toilet, it's crazy. You have to be empathic and say ya I know what you are going through. And [*Lunch monitor*] and that's why we have such a good relationship because I am always saying ya [*Lunch monitor*], he just...he has the kid for an hour and a half, it's always on the move. Okay eat, go to toilet, lets get dressed, go outside, come back. I said just that your job is too much and you have to really be empathic.

Generally, preschool partnerships between home and school appear to be characterized by genuine care and support. As these families make the transition to elementary school, the home and school relationship becomes quite varied and parents did not mention the quality of relationships as frequently as they did in preschool. Some families' relationships were successful because of continued care and support, others attributed success to less personal reasons, such as efficiency, and further some parents did not appear to forge a meaningful partnership with their child's teacher or school. In elementary school some parents attributed successful partnerships to practical reasons. This could be indicative of fewer opportunities to engage in meaningful partnerships with elementary school teachers and really gauge genuine care and support.

**The tenuous home-school relationship.** Although caring partnerships appeared to be an integral component of successful relationships between parents and school staff it was also a delicate relationship where parents felt they needed to strike a balance between advocacy for their children's needs and understanding of the teachers role and expectations. Sometimes parents struggled with the necessity to have their child's needs met and engaging the teacher to meet those needs without overstepping their boundaries.

It's not that I don't feel comfortable, but the truth is when your child is in an environment you have to be very careful sometimes what you say cause sometimes when you are nit picky they start to not like you and because Andrew doesn't speak, you're put in that delicate situation. (Mrs. Adams)

Mrs. Adams goes on to say, "I am nice to them. I don't want to cause any waves he is gonna have to be there for a while."

Mrs. Girard described a particular incident, where she asked her son's preschool coordinator to come to the elementary school to help guide the intervention plan after he had been struggling with the transition to school.

Ah, yes they are much more informed because [*Setting A coordinator*] also wrote them a three-page letter explaining that Jean -- and they were very angry because [*Setting A coordinator*] said, 'He never demonstrated violent behaviour with me.' So the school team said, 'Oh, it's like he was perfect with her and with us he is not perfect.' So it was like [*Setting A coordinator*] was saying, 'You don't know how to take care of children.' [*Translated*]

This incident illustrates how challenging it might be for parents to effectively communicate with teachers about their child's disability and ultimately their child's needs

without compromising the professional role teachers play in their children's lives; essentially they worry it may be perceived that they are questioning the professionalism of teachers.

As a process, Mrs. Girard's son's behaviour began to improve near the end of the school term and Mrs. Girard's approach to engaging the school staff also appeared to have shifted. With an understanding of the delicate nature of the home-school relationship, Mrs. Girard went on to describe how she now attempted to demonstrate her empathy and understanding for teacher's daily struggles and even attempted to reward them by praising them or giving them gifts. "Appreciate [them] and always saying you're nice and giving gifts and showing them that you participate a lot in the improvement of your kids and do volunteering work at school."

While teachers need to demonstrate an understanding of families' values and beliefs to establish meaningful partnerships, it appears as though parents also need to demonstrate an understanding of teachers' beliefs and be sensitive to teachers' need to feel competent and professional.

**Collaboration and communication.** Families' collaboration with their children's preschool teachers appeared to be frequent and open. Interagency collaboration was also present between the preschools and outside resources the families' were using. Differences emerged between Canadian families and immigrant families' experiences with collaboration.

The most frequent form of communication between home and school was the use of a communication book. In these books, teachers informed parents of their children's progress and parents felt free to comment and make suggestions. Mrs. Javier said,

“Every day, I ask the teacher, how was Jessie, or they give a report from the binder that Jessie brings home. Every day, they say that Jessie is doing well, that he was playing and shaping well.” Additionally, providing parents with clear and detailed information about their child’s progress was an integral component of their interactions. Mr. Ma says of his interactions with his son's preschool, " It’s very clear for Malcolm. The goal is very clear. Every week we have the progress. For every week. So it’s very specific. So I know exactly what happened."

Generally, families were satisfied with the preschools their children were attending and the partnerships they had established. Relatively few suggestions for improvement were mentioned. When suggestions or difficulties were articulated, slight differences between Canadian and immigrant families emerged. Canadian families suggested means to facilitate the relationship between home and school (i.e., digitize communication, more frequent parent-teacher contact). Mr. McDermott specified, "Digitize the reports, I guess, so it’s easily accessible." For two of the five immigrant families, their largest cause for concern stemmed from not being able to afford the services. Mrs. Javier said, "If I have the money, I want Jessie to stay there, but because we don’t have money and we can’t support it," and Mrs. Thompson shared:

I cannot explain anything negative, except the price, but that’s not their fault ...

She used to go full day when they were paying for it. For a full day, it cost \$2000/month. A half-day cost me \$1200/month, from 1:00 pm- 4:30pm. I paid for 6 months out of my pocket. The government gives me some money, but most of it is from my pocket. I did not want to take her out. Half a day is better than nothing.

One of the immigrant families, additionally, did not hold the same belief system as the school regarding her son's diagnosis. Mrs. Javier shared:

You can see he understands things. He can say, 'I love these kinds of grapes.' I don't see him as too far from typical, because I said to myself, he's just slightly back, but he's catching up. I said to myself, some kids have the weakness and have their strongness. Jessie is the same thing.

When children were benefitting from additional resources (e.g., speech therapy, etc.), some of these resources were in direct contact with the preschools (e.g., telephone, exchange of document, etc.). While both Canadian and immigrant families articulated that their children received additional resources, immigrant families seemed less clear about the path of communication between these resources and school. Mrs. Jean-Claude answered the following when asked if the preschool was communicating with outside resources: "Yes, there was some communication, but I'm not sure how they communicated" *[Translated]*.

Overall, families appeared to be satisfied with both the quality of their interactions with the preschools and the frequent, accessible information gleaned from these schools. Slight differences emerged between Canadian and immigrant families, such that immigrant families' areas of concern tended to be monetary more frequently than Canadian families. In addition, divergent beliefs about children's disabilities also arose as a difference between Canadian and immigrant families.

**Successful transition.** Successful transition to school for these families appeared to be exemplified by continued collaboration, open communication and, when needed, available resources. During the qualitative interviews, families were asked to rate how



the transition to school had gone for their children (Very good, Fairly good, Just okay, Neutral, Not okay). Those families who expressed an overall satisfaction with the transition to school generally had open dialogue between home and school and had the necessary classroom support systems in place.

Several families experienced continued collaboration between home and school after the transition to elementary school. Often communication practices at elementary school were similar to those in preschool. The use of agenda's provided similar constant communication as the communication books in the preschool setting. Mrs. Timmins says, "We either talk, or she writes in the agenda, or an e-mail. Generally, we'll always communicate whichever way it fits for her at the time," and Mrs. Thompson says, "I like the teacher. She sends me little letters everyday telling me what Teresa did at school. I really like that." Mrs. Jean-Claude also felt very informed because she took the opportunity to volunteer as frequently as possible.

Well I have a good relationship with the school, they work like at [Setting A].

Because I signed up to volunteer and when Jonathan has an outing, I'm always there. I see that it's a good relationship. ... I understand how it works, how they work with Jonathan. *[Translated]*

Frequent communication was one aspect of effective collaboration. Successful partnerships and successful transition was fostered when communication was also bidirectional; when families felt heard. Mrs. Jean-Claude communicated with the school, "With the agenda everyday, when things happened to Jonathan at school they tell me and I also give them suggestions, which I write in the agenda everyday" *[Translated]*. Mrs. Timmins discusses how comfortable she felt sharing her insight with her son's teacher.

Yes, I can discuss with the teacher and I get to know the teacher. How they do things, so if she's doing something with him that he's not responding well, I tell her, 'I know you're a teacher, you're educated, but with Trevor sometimes if you do this he'll sometimes right away understand, and he'll redirect.' And they don't mind that because they say, 'If it works well for the child, let's work together and have this work out,' you know. They don't say, 'Well we're in school and we're going to do it this way.'

It appears as though Mrs. Timmins' teacher is using her knowledge and expertise as a parent as a resource to better integrate Trevor into the classroom.

Some students, such as Teresa, Jonathan, Jessie, and Andrew were either in segregated specialized schools or in special classes in an integrated program, which inherently provide specialized services for children with special needs, but of the students who made the transition into inclusive classrooms, the transition to school was supported when classroom support was readily available. Mr. Hanson's son, "Ha[s] an integration aid. That's been added to the class but just kind of oversees him but is not necessarily directly over him. But it's been very effective." When asked what kinds of barriers were present that may have impeded a successful relationship with the school Mrs. Juan said the following:

In effect, there aren't any, because the psycho-educator who works with them. ...

She works with the school. There is the external psycho-educator who works with the teachers. And there is also Jordan's social worker who works with the psycho-educator once a month. *[Translated]*

Mrs. Timmins' son did not have an integration aide, but she also felt he did not need one. Perhaps the open communication and bidirectional nature of her relationship with the school was sufficient for her child's needs.

Children tended to adapt to their environments successfully when the home and the school were in regular contact. This contact was particularly effective when it was bidirectional in nature, specifically when teachers used parents' knowledge as a resource. Additionally, children in inclusive environments adapted well to their environments when they were receiving the necessary classroom support (e.g., integration aide, social worker).

**Challenges to effective partnerships and successful transition.** Although open communication, collaborative practices, and available resources contributed to a successful transition to school for most families, several barriers to successful transition were apparent for others. Out of the ten families interviewed, the Girard's, the Adams', and the McDermott's experienced the most challenges and rated their child's transition to school as 'Not okay'. These barriers included a lack of classroom support, lack of teacher knowledge and experience, divergent belief systems, and administration issues. Some families also spoke of concerns about the language of instruction at their child's school. Additionally, the home and school relationship in elementary school appears to be less positive than it was in the preschool years.

Physical classroom support was at times lacking, and some parents appeared to attribute their child's difficulty transitioning to school with this lack of support. Mrs. McDermott said, when asked how her son was doing at school:

Originally, when he went to [Setting A], they said that he could integrate if he had the support. When he started in August, he had no support. The school's attitude was, 'We'll wait and see.' So of course within a couple of days, the teacher realized that this will not work, and for the past .. since the beginning, he's had sporadic help.

Mrs. McDermott went on to say, "So, I say, the school was a flaw. The teacher meant well. The school doesn't spend the money on helping the kid from the start. I think if he would have had the help from the start, in my opinion, if he's integrating, he has to learn how to integrate with the class." More globally, Mrs. McDermott shares "From the things I've heard. It just seems that there is no where that really wants to help the kids." These statements imply that, for her child, administration issues were leading to the lack of physical support in the classroom. She felt that without proper support in the classroom her son was not able to integrate in the classroom appropriately. She expressed that without the support of an integration aide, Marc's inappropriate behaviours seemed to be observed and managed by the teacher in the classroom who may not have been able to give him individual attention.

In my view of how he would be in school is not like that. He should have had someone with him from day one. Sort of like the first day, I went with him for an hour, and before he acted, I'd tell him, 'No don't do that. You sit and wait.' So, I would continuously tell him to behave. And the teacher found that day went really well. That's what I mean. He should have had someone with him since day one telling him what to do, so that he knew how to behave in there. Instead, all

the behaviors of going under the desk, and not listening came out, and they're sort of adapting to those. So, it was an hour and a half adapting to those.

Mrs. Girard had similar support issues with her son. When asked what kind of support he received she responded:

Well I think they offer some [support] but I can't be there to verify. But six hours is nothing. Not even one hour per day. They can give him a maximum of ten hours. If they give him more than six hours per week, he's considered a problem child who shouldn't be in a regular class. *[Translated]*

Both, Mrs. Girard and Mrs. McDermott discussed that making the shift from one-on-one care to an inclusive classroom, with little to no support, was a large challenge for their children. And although Mrs. McDermott appreciated the help her son's teacher provided she also acknowledged that the teacher's knowledge of her son's disability was lacking.

"No, the teacher is great. I couldn't have asked for more from the teacher. I think she did everything she could, especially taking into account that she blatantly has zero knowledge of what to do." Mrs. Girard, when asked if the school had experience with children with special needs, responded, "I don't think so, they haven't had very many. They've only had four at the school. I get the impression they don't know a lot about this." *[Translated]*

Even Mrs. Adams, whose son was attending a segregated school, with seemingly more support, felt that the resources available for him were lacking. "No I really believe that the system is very bad for a certain level of kids, I really believe that because I see that for a lot of other kids too." Mrs. Adams felt that her son was not receiving the care and attention he received at his preschool setting, and consequently saw her son regress.

Oh because I've been to the parent teacher meetings, I see at Setting A he was learning a lot more, the one-on-one time that he gets [now] is really 15 minutes of learning and that's only if he cooperates because they only push it to a certain point. And even with the group learning, they often put him with a stimming toy, so really he is not obviously very focused, so ya I wouldn't say it's the best situation school wise [*elementary school*].

Another major barrier to successful transition was the apparent divergent belief systems between home and school with some families. This was particularly apparent in Mrs. Girard's case. "They think Jean is perfect and that they're just tantrums, but his tantrums are so related to his handicap, if they had been following him since he was young." Mrs. Girard and the school appear to hold different beliefs about Jean's disability and consequently his needs. Mrs. Adams believes that society, in general, holds lower expectations for children with special needs.

Yes and I think that its not just that school, I just think society, a lot of society hasn't realized the value of teaching some of these kids and that they can actually, like you know what I mean, there are some people that believe in them but I think some of them its really that is what they expect from this clientele you know what I mean.

Mrs. McDermott and Mrs. Timmins also appeared to hold different views than the schools about how their children should be treated in the classroom. Mrs. Timmins, had a generally good experience with the transition to school, but expressed one dissatisfaction:

Cause there's one thing I don't like, I always tell them, 'Don't treat my child like he's special.' I don't treat my child like he's special, I treat him like all the other children. So at school sometimes when he does something out of the ordinary they try to, you know, be different about it.

Similarly, Mrs. McDermott shared:

Obviously, they can do things to help him, but when she showed me what they were doing, it was ridiculous. It was almost as if the class was bending over double, triple for Marc to a point that even I found is ridiculous. I don't think it taught him how to behave in class. If anything, it taught him that the class will bend for you which is a happy medium.

Before the transition to school, some families voiced concerns about the language of instruction at their child's new elementary school, worrying that it would be an added difficulty to a transition they already have concerns about. When Mrs. McDermott was asked about how she felt about the prospect of Marc entering a new French school, she responded, "Well [we] like the school. That's not a problem. It's just that with Marc, does he really need the extra task of learning French?" She went on to share that had he been making the transition to an English school, he may have been able to focus on his challenges, as he is already so advanced in academic areas.

Especially since his English is so good and he's almost reading. We almost viewed it, that it would be easy. That aspect. So he could focus on the things he's not as good at, like communicating, or whatever. Cause he wouldn't have to worry about the rest. Cause they don't do much in kindergarten. I mean I'm sure he knows it all as far as that stuff. So he could really focus on the rest.

Mrs. Javier, a native of the Philippines, also voiced some concerns about her son going to French school. Ultimately, however she felt she had to keep him in the French system because there were more available resources. She shares, "I don't like that you talk to him in French and he has no idea." Mrs. Javier continues, "Yes, he gets more attention there. In the English school, they don't have that option – it's like a daycare. There are 15 kids and one teacher and a teacher aid." Mrs. Thompson's main area of concern was related to her husband, a Jamaican native, who found it difficult to communicate with the French language school.

That school, the relationship will not be the same at all. I know this right away, because it's a francophone school. My husband does not speak any French. I speak French but I have to force myself. The communication will not be -- Even when they send us all the documents, I have it in French, they don't have it in English. I don't like this because I want my husband to be a part of this. He's a wonderful father. He helped Teresa so much at [Setting A] and it bothers me that it's going to be a French school.

She went on to share concerns about Teresa's language development, despite Setting A advising her that she would do better in that particular French school.

They said it was better. Even [Setting A] said it would be good for her, that she would get better service. I was kind of apprehensive about that. I was thinking, why should she go to a French school when she speaks English? They said it's good for her; she'll get more help. I doubt very much I'll be close to them in that school. I like [Setting A] because they were French and English. There was no problem.



Once children made the transition to school some families felt the added burden of having their child in a French language school, while others felt their children adjusted well. Mrs. McDermott shared that one of the reasons the transition to school was not successful for her son was the language of instruction.

Well, basically, he wouldn't sit and listen, and wouldn't follow the directives, but of course you have to imagine though it was in French and he doesn't understand French. Most of the kids were francophone so the level of French was very high, so when they would say something, he would sit there as if it didn't apply to him.

Mrs. Thompson's concerns for Teresa continued as she made the transition to school.

Well the fact that the school is French and our mother tongue is English. I wonder how that's going to incorporate in her learning English.... it being French is a concern. It's always a concern. Cause I want her to speak English. I wonder about that, but they told me, 'No, send her. It will help her.' So that's what I'm doing.

Mr. Ma and Mr. Hanson felt that the transition to another language was not a concern.

Mr. Hanson shared, "No, I think it's about the same, even if it was English. No, it's not a problem yet." Mr. Ma goes as far as to share that his son is excelling in a French language school,

One thing that surprised me is Malcolm's French. Cause they have a French class. And his French teacher gave him score very high. She give Malcolm 85. She told me Malcolm can remember, his memory's good. He remember lots of words. Even for me it's hard.

Mr. Ma's last statement, spoken in jest, hints at his personal struggle with the French language. In general, language was a concern for both Canadian and immigrant families. All of the families who voiced language concerns felt that their children would already be struggling to gain language and communication skills; the prospect of learning a new language was incredibly daunting. Immigrant families, however, tended to also be concerned about their own communication and language skills and its impact on home and school collaboration.

When parents were asked about challenges to forming effective partnerships with their child's preschool, quite a few parents articulated a lack of such challenges. Mr. Ma, Mrs. Thompson, and Mr. Hanson all stated there were no challenges to their partnership. Mrs. Thompson says, "No, absolutely not. I'm telling you, I cannot explain anything negative, except the price, but that's not their fault" and Mr. Hanson says, "In the program? No, it's the best I've seen in this town. The best. There's nothing like it." The genuine care and support families felt from preschool educators was not as apparent in the elementary school years. These positive comments and experiences were not as pervasive at the elementary school level.

Overall, partnerships established between the preschool and home appear to be more positive than those established during elementary school. Several barriers, such as administration problems, lack of teacher knowledge about the disability, divergent belief systems about children's competence, and language issues contributed to maladaptive transitions to school for some children and their families.

**Children's experiences.** Although caregivers' experiences with educators and professionals, during the transition to school, can help inform future practice, children's

experiences during this transition are often neglected (e.g., Dockett & Perry, 2003).

Families' perspectives of their children's overall progress during the transition to school, their child's likes and dislikes, and their peer relations can help key stakeholders understand some factors that may contribute to children's experiences during this difficult transition.

In general, families were pleased with their child's progress at their respective preschool settings. Families reported vast improvements with their children's language, social competence, behaviour, potty training, and academic knowledge. Mrs. Jean-Claude shared that her son, Jonathan, was learning, "Colours, the alphabet, geometric forms, and how to better express himself" [*Translated*]. Mr. Ma shares, "This year he made big progress. Actually he's interested in talking. He wants to talk to somebody. He's involved with my neighbour's kids. He really wants to play with them. ... But for Malcolm he really wants to interact with them." Mrs. Thompson's daughter, Teresa, also made large social gains, "I can definitely say she's made vast improvements. There was a time Teresa didn't like to play with children and now she will play with children." Mr. and Mrs. McDermott share that their son's preschool has been able to manage his behaviour problems and they add that he's been learning, "General things. Things like, how to do shapes and to use the pencil and whatever. But I think the things that he really needed to learn that they worked on was following instructions. And they worked a lot on conversation." Mrs. Girard shares, "He has been progressing very good. He learned a lot. When he started there, he couldn't speak and he was not potty trained, so there was a lot to do." When asked what Jean has been learning at preschool she further shared,

"Speaking a lot. How to play with others, waiting for his turn. He's been making social progress with other kids."

Although most families continued to see progress in their child's development once they began elementary school, some families found that the transition was quite challenging to their children's progress. When Mrs. McDermott was asked if her child had continued to show progress at his new elementary school, she shared that the teacher's did not really mention progress.

No, they didn't really talk about it. At one point, when he started off, there was a slight improvement overall, but then the teacher was sick for three days, and he had three different teachers, and from there, it sort of got worse. And from there, the only improvement from the meeting I had with her, that she mentioned, was mostly when she said at the beginning, his improvement. I've seen a bit of an improvement in French, but other than that, not much. ... And honestly, I feel like, and my husband too, as if he's regressed. It's as if it's back to square one.

When asked about Andrew's progress, Mrs. Adams shares that he has actually regressed.

"No he's deteriorated actually. ... Because (Andrew) needs a good level of education to, like if he really, if he is not kept at a certain pace or whatever he starts to go back a bit."

Mrs. Jean-Claude found that her child's development remained stable when he entered elementary school, "I can't say that there's been improvement because I find it's the same"

*[Translated].*

Parents shared several of their children's likes and dislikes at preschool and elementary school. In general children had a variety of interests that families seemed to be aware of. Jean, "Likes playground, he likes shows, and music," but when it comes to

one-on-one work, "he gets tired with speech therapy. When it's too hard for him, he does not cooperate. He withdraws." Malcolm really "Likes to play game[s]", when asked what he dislikes Mr. Ma shared, "He likes everything." Jordan also really enjoys games. Teresa "Loves music. She loves the clapping game. At the end of the game, they would put her in the blanket and swing her in the blanket. She loved that. She likes movement, is very active," but "She didn't like story time so much." Trevor "Likes to play in group." When asked what Jessie likes, Mrs. Javier said, "I think he likes everything. I observe him there." Marc loves, "Numbers, puzzles, that kind of thing," but dislikes drawing. Hal also seems to dislike art but "gym is probably his favourite; gym and summer swimming."

Children's relationships with adults and their peers seemed to be related to children's interests, their social capabilities, and their community. All of the children seemed to have positive relationships with their educators at preschool. When asked directly whether her son got along with the preschool staff, Mrs. Adams replied, "Yeah, a lot. He's a very friendly and always-smiling kind of kid. He's very easy for that part," and Mrs. McDermott shared, "He seems to. Yeah he seems to really like them yeah." Mrs. Jean-Claude went as far as to say, "Well, I would say 100%. There are never any problems" [*Translated*]. Most of the children had limited exposure to other children outside of school. When asked if Hal had playmates in the neighbourhood, Mr. Hanson shared, "In the immediate neighbourhood, no not really. But he'll blend in with the ones that are here, cause they all tend to be older. They're generally older kids here. But he likes older kids." Marc seems to, generally, get along quite well with the other children at Setting A, but when it came to children in the neighbourhood Mrs. McDermott said,

"So he either gets along like a house on fire or the kid looks at him and just walks away. ... some kids get him and actually enjoy him a lot and there's some kids that literally stand there and look at him perplexed." Mrs. Adams felt that Andrew got along well with the other children at Setting A, but preferred adult company. When it came to children in the neighbourhood, "He watches kids from a distance, he's nervous to participate." When asked about his relationship with the other children at Setting A, Mr. Ma said, "He gets along very well. They like him. He always smile." Surprisingly, children in specialized preschool settings often did not play with one another outside of school even though they got along well at school. Mrs. Javier shared that when it came to playing with children from Setting A outside of school, "It's difficult to find a playmate. ... In the Philippines, you go in the street, there are kids everywhere, it's easy but here, no." Mr. Hanson shared, "No, it's generally at the school." The families attending these specialized schools often lived in disparate areas of Montreal and travelled great distances to access these specialized services. Mrs. Thompson shares, "No, it's hard because ... they all live in Montreal and we live in the West Island." This may also be an indicator of a lack of parental or community support.

Once children made the transition to school their relationships with their peers seemed to be related to the type of program they were in and their classroom behaviours. Mrs. Jean-Claude and Mrs. Thompson, whose children were in specialized classrooms, felt that their children got along well with their peers. Mrs. Thompson shared when asked how well Teresa got along with her peers, "Very well. They told me very well. I told you a little boy has a crush on her. So very well, very well." In contrast, Mrs. Girard, whose son Jean made the transition to an inclusive program said:

That's difficult, cause he had his birthday party this Saturday and I'd given eight cards and only three showed up, the two others I don't know. But I'm sure, I'm just saying, I'm not a 100% sure because he hits like he doesn't have a lot of friends and I'm sure that two of them didn't show up because of that. I heard Friday he hits a bit the kids so the ones that didn't show up I think that it's because of that. So I need to get rid of that, I have been calling the "educatrice" and she doesn't call me back. I need to know what to do to stop that and I just don't know.

Mrs. Timmins, whose son was also in an inclusive program but had not exhibited behavioural problems shared that, "He gets along very well. Everybody loves him. He's too good."

In general, most children made large social and academic gains in their preschool settings, but some children's progress became stagnant once they entered elementary school. These instances of regression may be related to the challenges to successful transition to school (i.e., lack of collaboration, lack of support in schools, etc.). Children also experience a variety of likes and dislikes, which may also have an impact on how well they are integrated into their new settings. Finally, children's social interaction with their elementary school teachers and their peers were generally positive, but it seemed like social interaction with their peers was not facilitated outside of school. This may largely be due to families living large distances away from the preschool, but it may also be indicative of a lack of community support. Once children made the transition to school their relationships seemed to be related to type of school program they were enrolled in and their individual social skills.

**Family struggles and support systems.** The transition to school is a difficult adjustment for children with autism, but it can also be a challenging experience for their families. Incidences of judgment and guilt can lead to additional stress for some of these parents. Support systems for these families can help buffer some of these negative and challenging experiences. A number of these families used a variety of resources to help support them throughout the transition, such as teacher and family support. Sometimes, however, families articulated an absence of such support systems.

The initial family interviews in August indicated that some parents struggled with guilt and felt judgment from their communities. Parents also shared their aspirations for their children. Mrs. Adams shared that when she goes out in public with her son she always feels watched and worries that people are judging her son. She has also reached a point where she feels she could have done more for her son, like her and her husband do not do as much as they have in the past. Mrs. Girard expressed her ultimate hopes for her son. "He needs to be more in the world. Like he has been too much in four walls. I want him to be like all the other kids." Mrs. Javier also described her aspirations, while hinting at difficulties with stigma. "I want Jessie to play with boys who are the same. ... Someday, my son will fall in love with a girl. I don't want that label to follow him."

Once families had made the transition to school several of the challenges of this transition had an impact on families' perspectives. Mrs. McDermott had a negative experience with the transition to a French language school and when asked if her goals and expectations were akin to those of the school she replied:

Honestly, to tell you the truth, having an experience like this, sort of kills your expectations a little bit ... Well, I find in a way that, because he didn't get the



support, it was almost like an unfair attempt at school. And it's sad, but it really has killed our expectations for him, in a way.

Mrs. Girard, similarly, had a challenging experience with the transition to school and went on to feel judged by the school system. "It's a lot of judgement. It's as though they think Jean does whatever he wants at home and I'm not a disciplined mother" *[Translated]*.

Mrs. Adams shared her frustration with the school system, which seemed to indicate she has given up hope on the quality of services her son will receive in the future. Her son used to receive careful attention and one-on-one care in his younger years at Setting A.

To be honest I think since Setting A and even his days at the old *[ABA therapy]*, I don't think he will ever, unless some miracle happens somewhere I don't think he will ever receive the education he did when he was younger.

Often teachers supported families through this transition by being readily available and willing to listen. When asked about her relationship with her son's preschool teacher Mrs. McDermott said, "Fantastic. She always seems to have the time. It's as if you never sort of... If ever you have a question and you just want to either call up or even ask when you're picking up or dropping off. It seems like they always have time." Mr. McDermott added, "And she's always willing to listen, you can say something or you can ask her and she'll give you feedback." Teachers also shared their knowledge and expertise with families. Mrs. Thompson shares, "I got along very well with them. One of the psycho-educators came to my house for one day, to observe Teresa. They were helpful to me. They gave me numbers to call." Mrs. Javier had a

similar experience. "The teachers helped him a lot. They even give me tips. They are amazing teachers. They are very good teachers."

Families and communities were another source of comfort and support for some parents. Mrs. Adams felt her family had been very accepting. Mrs. Thompson's daughter was in a French language school, which was a difficult language transition for her but she felt, "You know myself and all my children are there to help cause we can speak French also. Cause I'm fluently bilingual and my kids are too at this point. It's not a problem for us to communicate with her in French." In contrast, Mrs. Javier did not feel like she could share her feelings with anybody, she did not discuss her son's disability with anyone outside of the school. Mrs. Adams also felt, although her family supported her, parents in her community were not available for support. She felt her and her son were invited to activities from the other parents in the program less often. She also shared, "I think it would be better if there were more parent things where the parents could get together under the school system."

Parents struggle with the challenges of having a child with special needs. Families hold hopes and aspirations for their children, but also experience feelings of guilt and judgment from the community. A variety of resources, such as familial, educational, and community support, can help families through these difficulties. Some families, however, struggle through these difficulties alone.

**Case Studies.** Autism Spectrum Disorders are, as the name implies, a spectrum of disorders, and as such no one child diagnosed with an ASD displays the same characteristics. This may, in turn, imply that the experiences of these children and their families may differ just as their dispositions do. The following is a brief case study of

two children on the spectrum and their very different challenges adjusting to their new environments. The Girard family and the Adams family experiences were chosen because their sons lie on two extremes on the autism spectrum, Jean being a high-functioning child, and Andrew, low-functioning. These families struggled with different challenges in the education system, which are described below.

The Girard family consists of Mr. and Mrs. Girard, their seven-year-old daughter, and their five-year-old son, Jean. Jean was diagnosed with ASD at three years of age. Mrs. Girard has tirelessly been working with Jean for three and a half years now.

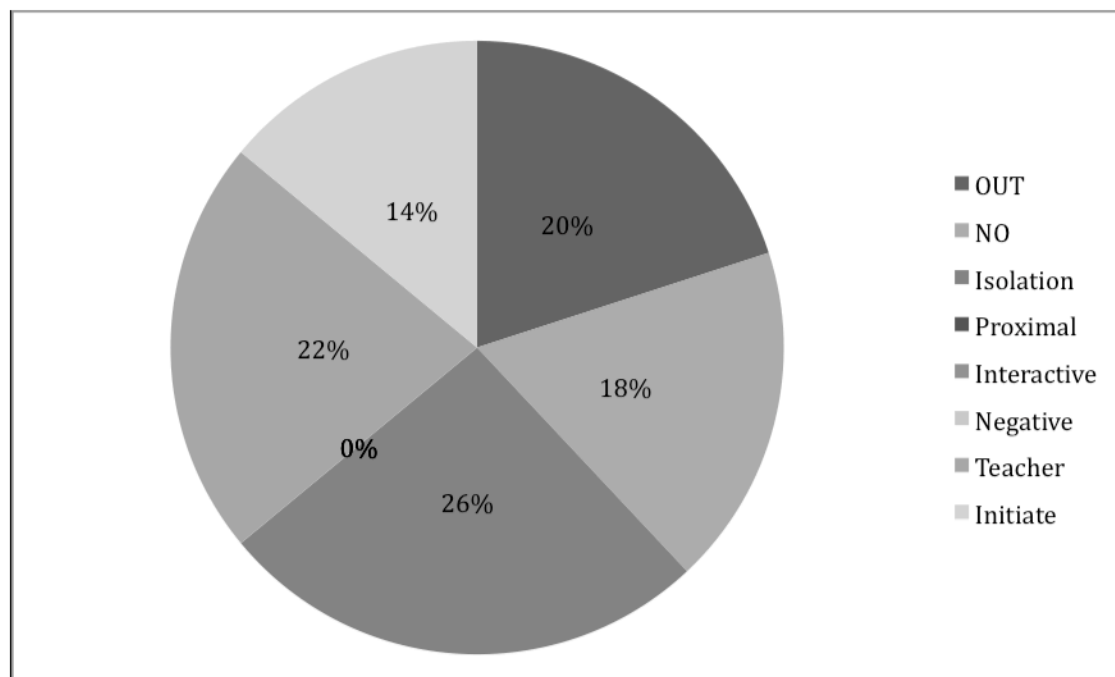
I worked three and a half years, I almost lost my health for Jean. I was running to Boucherville to the specialists. I was constantly in meetings all week. I didn't work during this time because I had too many meetings during the week. I couldn't work.

Jean is a high functioning child who still displays some emotional and behavioural difficulties. Table 12 reveals that Jean's teacher reported preschool score on the General Adaptive Composite (GAC) of the ABAS-II revealed that he was performing in the Average range (Composite Score = 103) and his parent reported preschool score on the GAC was 60, which puts him in the Extremely Low range. After the transition to school, his parent reported score on the GAC increased slightly (Composite Score = 73), putting him in the Borderline range. Observational data, collected at Time 1 (preschool), during two free play sessions, revealed that Jean spent the majority of his time in Isolated/Occupied Play (26%), followed by No Play (18%). Unfortunately, during 20% of the observations Jean was outside of the classroom, but he initiated 14% of all of his observed interactions (see Figure 5).

Table 12

*Parent and Teacher Report of Children's General Adaptive Behaviour*

GAC	Jean Girard		Andrew Adams	
	Composite	Percentile	Composite	Percentile
T1 Teacher GAC	103	58	47	.10
T1 Parent GAC	61	.5	42	.10
T3 Parent GAC	73	3.6	40	.10

*Figure 5. Jean: Frequency of social interaction during free play.*

Jean has recently made the transition from Setting A, a specialized preschool, to an inclusive elementary school program. The Girards were very pleased with Jean's progress at Setting A. "He has been progressing very good. He learned a lot. When he started there, he couldn't speak and he was not potty trained, so there was a lot to do." Mrs. Girard also shared that she had a good relationship with the school. "Because they're really good. [Preschool educator's name], the girl who I've been talking to the last year, and she's in charge. She's really nice. We see that she's competent, also." Mrs.

Girard also felt very comfortable communicating with Setting A, "I have no trouble. They are very open about anything." Overall, Mrs. Girard appeared to have a positive experience with Jean at preschool.

Once Jean made the transition to an inclusive elementary school, difficulties began to arise. "At school, at the beginning of the year, he had some problem behaviours, opposition, tantrums, difficult transitions. After that, things only got worse. Some really violent behaviours. It was very difficult last month." She went on to share that they had found a reward system that seemed to help with his behaviour problems in the past month. Jean has particular difficulties with his social and emotional development. "It's like he is delayed emotionally, different from others. Jean has always displayed problem behaviours, so we knew going to school wouldn't be easy" *[Translated]*. Some of these problem behaviours included emotional outbursts, trouble with toilet training, and the most alarming was his tendency to escape controlled environments. Mrs. Girard goes on to share that at preschool he was accustomed to one-on-one attention and has never worked in a large group. "He's never been in a group, in a big school, with a lot of people and a lot of challenges. He hasn't been challenged like that. So I think that's why it's so difficult at school" *[Translated]*. The only support Jean is receiving in the school is six hours of classroom support a week, with an integration aide, which Mrs. Girard finds insufficient.

Mrs. Girard's relationship with the school was another point of contention. When asked about her relationship with the school, Mrs. Girard begins positively, but finishes by discussing incidences of misunderstanding and judgment.

Ah, it is good, but I feel that they don't have an image of Jean when he was young. So it's like, when I tell them that Jean was not talking at three and a half, he wasn't proper, it's my impression that they don't believe me or they didn't see him so they can't understand. You look at Jean today, he's a beautiful boy, in good health, but it's like they think Jean is a spoiled brat and I'm not a disciplined mother, who has no control over him. *[Translated]*

Ultimately, the school and the Girards held different beliefs about Jean's development and consequently Jean's needs. The school did not seem to have a clear understanding of Jean's disability, and unfortunately Mrs. Girard felt blamed for her child's difficulties. The school also did not offer, what Mrs. Girard deemed, adequate support for her child's needs.

The Adams family, while also challenging, had a slightly different experience with the transition to school with their son, Andrew. The Adams' have two sons, a 13 year old, and their seven-year-old, Andrew. Andrew was diagnosed with autism at two years of age. He is relatively low functioning and has limited language proficiency. Andrew has recently made the transition from Setting A to a segregated elementary school. Mrs. Adams is a professional in the special needs field, holds a bachelor's degree, and has worked at Setting A as an educator.

Table 12 reveals that Andrew's teacher reported and parent reported preschool scores on the GAC fell in the Extremely Low Range (Teacher Composite = 47; Parent Composite = 42) and his parent reported elementary school scores on the GAC also fell in the Extremely Low range (Composite = 40). Observational data (see Figure 6) revealed that during two free play sessions at preschool, Andrew spent the majority of his

time in Isolated/Occupied Play (36%), followed by Teacher Interactions (26%) and No Play (25%), however none of his interactions were self-initiated.

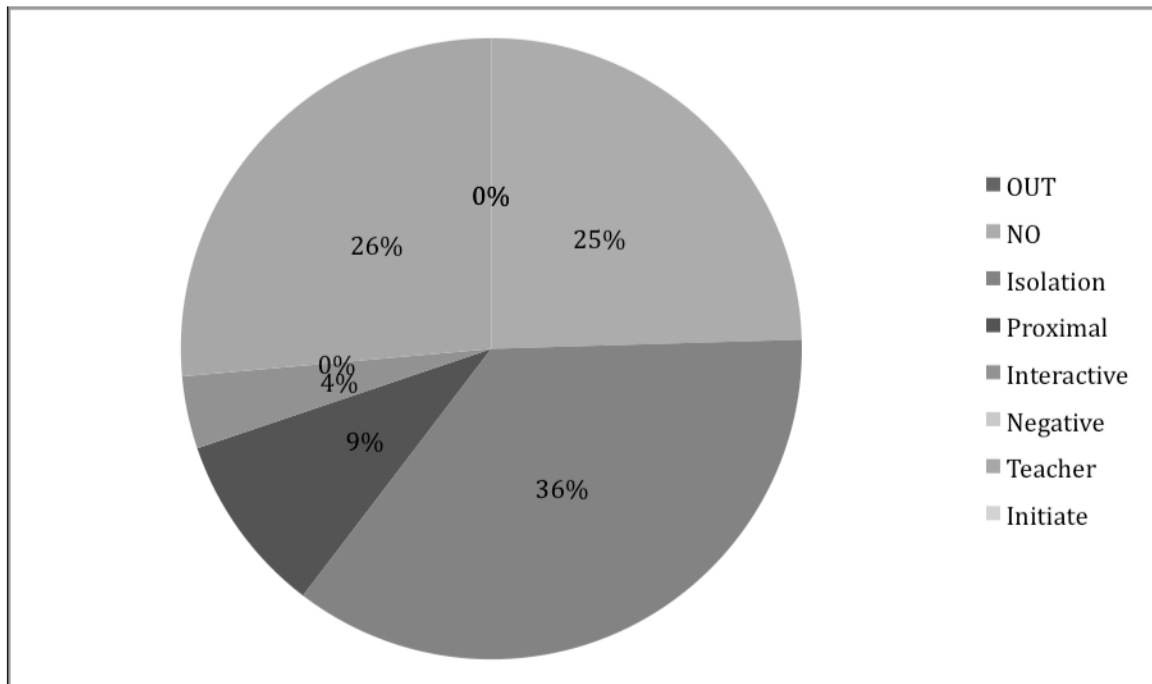


Figure 6. Andrew: Frequency of social interaction during free play.

Mrs. Adams' experience at preschool [Setting A] did not begin positively as did Mrs. Girard's. Mrs. Adams also had a positive experience with Setting A, but at one point had difficulty with a new staff member. This head educator was not open to suggestions and eventually Mrs. Adams stopped sharing her opinions. During their time at Setting A, a new supervisor replaced the previous head educator and Mrs. Adams was able to forge a relationship with the school where she felt comfortable communicating with them. Mrs. Adams shared that Andrew is a slow learner and he is difficult to teach, but overall he had good experience at Setting A. Although Mrs. Adams ended her time at Setting A with a positive relationship with the school, being a professional in the field, she still had issues with the educators' background. Given that her son had higher

demands than some of the other children, she felt he would have benefited from a behaviour specialist on the team.

Once Andrew made the transition to a segregated elementary school, his challenges at school dramatically increased compared to his experiences at Setting A. When asked how Andrew was doing at his new school, Mrs. Adams responded:

I would not say it is not going so well. I think basically the school system for his level, I don't think its just the school, I just think the schools available for his level aren't the greatest. Like I had intentionally put him in the French system because that was supposed to be better but it's not too great.

Although Andrew was in a specialized elementary school that caters to children with special needs, Mrs. Adams shared that Andrew's progress had deteriorated and she felt the support he received in preschool (Setting A) was significantly superior.

I've been to the parent teacher meetings, I see at Setting A he was learning a lot more. The one-on-one time that he gets [now] is really 15 minutes of learning and that's only if he cooperates because they only push it to a certain point and even with the group learning, they often put him with a stimming toy, so really he is not obviously very focused. So ya I wouldn't say it's the best situation school wise.

Mrs. Adams clearly has some concerns about her child's development in this program but when asked about vocalizing these concerns Mrs. Adams shared:

Um I don't get into it too strongly, because I don't think it is even so much the teachers, but I just think its what's available for his level. Its unfortunate, but



that's the way the system is and it seems what ever education he's gonna get is from home or privately. They are very sweet to him, its not like he is in danger.

She went on to share:

What it is, is unfortunately I am too knowledgeable of what's out there, like I'm too aware, where other parents just send their child and do not know what to expect but unfortunately and fortunately I guess know what questions to ask so I get a picture of what goes on.

Mrs. Adams relationship with the school was weak because of her disappointment with the school's inability to meet Andrew's needs. "I don't' really feel that I have a very strong relationship with them; I think because I am disappointed." She elaborated:

It's not strong, at the beginning I made a little more effort to try. I'm there if he has parent-teacher meetings or if they need something, for sure I'm there. But I don't feel super implicated because the level of education is so low. I don't know, it might be a different experience for a higher-level child. Maybe there is more effort put in, I have no clue. So maybe you could speak to another parent and they would think [differently].

When asked if she thinks the school has lower expectations than she does for Andrew

Mrs. Adams said the following:

Yes, and I think that its not just that school, I just think society, a lot of society hasn't realized the value of teaching some of these kids and that they can actually like you know what I mean, there are some people that believe in them but I think some of them it's really that is what they expect from this clientele you know what I mean.

There is a sense of hopelessness that comes through in Mrs. Adams' experience with the school system. Her professional knowledge in the field only highlights the support that her child is not receiving. Her son used to receive ample support in his younger preschool years from the services provided, that he no longer receives. Mrs. Adams goes on to share that:

To be honest, I think since Setting A and even his days at the old [ABA Therapy], I don't think he will ever, unless some miracle happens somewhere I don't think he will ever receive the education he did when he was younger.

Overall, Mrs. Adams experience is characterized by a lack of support systems that seems to be triggered by society's lowered expectations for children and persons with special needs. Mrs. Adams hints that perhaps higher-functioning children at the school receive more support (more options, more extra-curricula, etc.) because there are higher expectations for these children.

Both Mrs. Adams and Mrs. Girard have had challenging experiences with the transition to school. They have both discussed the school system's inability to foster growth and development in their children with the necessary support systems. Where, Jean's school appears to view his challenges as a reflection of Mrs. Girard's parenting, Mrs. Adam's son seems to be viewed as a "hopeless case" by the system. Regardless of their situations both families perceive that they are not receiving the necessary resources (i.e., integration aide's, specialized interventions, etc.) for their children because the school system does not seem to be meeting their children's individual needs. In addition, divergent belief systems with regards to the educational objectives for these children appear to be prevalent in both cases. Mrs. Girard knows that her son's behaviour in the

classroom is a manifestation of his disability, but the school seems to have a different understanding. Mrs. Adams has seen the kind of progress her son can make in an environment that pushes her son forward and holds her future expectations for her son to those standards, while the new environment does not seem to have the same perceptions and expectations for her son. Although these children fall on different points along the autism spectrum, it is evident that their needs are not being met by the education system and their transitions to school have been less than successful.

### **Mixed Methods Analysis**

#### **Integrated Analysis**

In an effort to compare and contrast the quantitative and qualitative analyses, the themes, descriptive statistics, and frequencies were described and compared in detail to ascertain commonalities and disparities between sources (parents and teachers) and types of data (qualitative and quantitative). Mixed methods analyses are a method of analyses that allow researchers to integrate quantitative and qualitative data to develop complex interpretations of a given experience. This data was analyzed with the triangulation (or concurrent) design, which involves the concurrent collection of quantitative and qualitative data (Creswell, 2008). The overarching research question, and two of its supporting questions (parent and teacher perspectives; elements of successful transition) were addressed by combining quantitative measures with qualitative analyses.

#### **Findings**

**Children's adaptation.** Quantitative measures of children's adaptive behaviour, as reported by parents, showed that their behaviour remained relatively stable from preschool to elementary school. Preschool teachers, however, reported higher scores of

children's adaptation than parents. That is to say, preschool teachers perceived children's adaptation in preschool more positively than parents. This may be due to preschool teachers comparing children's behavioural skills to other children in the specialized preschool context (other children with special needs); parents may be comparing their children's adaptation to typically developing children. In addition, preschool teachers' observations occurred in a classroom that involved a limited time in an organized setting, whereas parents' experiences span across different settings and different domains of development.

Similarly children's social skills, as reported by parents, remained stable after the transition to school. The problem behaviours, however, increased. Qualitatively, all of the families shared that their children had made significant progress at their respective preschools. Once families and children made the transition to school, some families shared that their children were having difficulties adapting to the new environment. Mrs. Girard, for example, shared that her son, Jean, was often displaying aggressive behaviours at the elementary school, which he did not demonstrate in preschool. Parent and preschool teachers' report of children's social skills and problem behaviour at Time 1 also differed. Preschool teachers' perceptions of children's social skills and problem behaviours were higher than that of parents. This may also be because preschool teachers are comparing children to other children with special needs. Teachers' perceptions of increased social skills and problem behaviours may also be related to children having more social opportunities with other children at preschool than at home. Qualitatively families shared that their children had limited exposure to other children outside of school.

In general, children's report cards demonstrated that children were beginning to show progress at school, which is in line with the finding that most families shared some positive experiences with the transition to school. However, when report card grades from Term 2 were compared to Term 1, no strong evidence of progress during the course of the school year was present. Mr. and Mrs. McDermott did not describe a positive experience with the transition to school and the elementary school's perspective of this transition is similar, as Marc's teacher perceived that he was demonstrating difficulties at school.

**Families' experiences.** Families' positive perceptions of health care professionals appeared to decrease from Time 1 (preschool) to Time 3 (elementary school). At Time 1, families' shared that educators in their child's preschool setting were inviting, helpful, and supportive. When families were asked about the quality of their relationship with their children's school, overall preschool relationships seemed to be characterized by genuine care and support, an element of the home-school relationship that seemed to be lacking once families made the transition to elementary school. Families often attributed positive relationships with the school to practical reasons, instead of issues of quality, which may be indicative of fewer opportunities to engage in meaningful partnerships with elementary school teachers. At Time 3 some families expressed frustration with the support systems available at their child's elementary school (e.g., Mrs. Girard), which may explain the drop in the Providing General Information subscale from Time 1 ( $M=5.27$ ) to Time 3 ( $M=3.87$ ). Families may not feel that their child's elementary school is providing educational opportunities and resources to the same extent that specialized

preschools did. Results from the MPOC-20 seem to mirror the qualitative responses of families.

When parents were asked about the impact their children's special needs had on their family, parents seemed to perceive that their children's special needs were associated with less stress at Time 3 (elementary) than at Time 1 (preschool) and with similar levels of Mastery. Children are spending a larger part of their day away from home in elementary school compared to preschool (half day).

When we look at frequency of transition practices families, only three of the ten families had met their child's elementary school teacher prior to beginning school. A closer look at this data revealed that all of the families who had met the elementary school teacher, prior to the transition to school, also perceived that the transition to school was successful. The largest discrepancy between home-school collaboration at Time 1 and Time 3 was the proportion of parents who met with their child's school director or principal. During preschool, all of the families met with the preschool's director but once in elementary school only half of the families met with the school's principal. Again, a closer examination of this issue, revealed that, several families who experienced challenging transitions to school, also had contact with school principals. Perhaps, families who were experiencing more challenging experiences with the transition to school, were also the families who required and initiated team meetings or were families who sought out contact with the administration to obtain necessary support as a way of being proactive. Mrs. McDermott and Mrs. Girard, two parents who perceived that their children were not receiving adequate support at school, may have had more frequent contact with school administration to seek out necessary support. Qualitatively, issues

regarding administration were reportedly one of the leading barriers or challenges to successful transition to school. These findings may be indicative of the difficulties in advocating for resources and the mediational roles that principals can play for teachers who can transmit important information to teachers to facilitate a collaborative home-school relationship.

### **Discussion**

Broadly speaking, the purpose of this study was to explore the experiences of families with children with ASDs making the transition to school. More specifically, this study attempted to gain an understanding of parents' and teachers' perspectives during the transition to school. Additionally, an investigation of Canadian and immigrant families' experiences was discerned. Finally, elements leading to and impeding successful transitions to school for these families was also ascertained.

#### **Families' and Teachers' Perceptions and Experiences**

In order to gain an understanding of the transition to school for children with autism, this study elicited the perceptions and experiences of families and educators in the field. In general, families shared their value of caring and understanding partnerships with schools, an understanding of the importance of frequent communication and collaboration, and their perceptions of their children's adaption to school. Parents also shared experiences that were defined by struggle and challenges. Teachers' perceptions of the transition and adaptation to school for children with ASDs was also investigated.

Parents overwhelmingly shared their experiences of indulging in caring and genuine partnerships with their children's preschool educators. Adams and Christenson (2000) have found that home-school communication is a primary contributing factor to

establishing trust between home and school, and the quality of this interaction is a better predictor of trust than the quantity. Families' descriptions of their home-school relationships with preschool teachers incorporated perceptions of quality filled interactions. Parents shared that having educators who genuinely cared was essential to establishing relationships between home and school. In addition, teacher disposition has been found to have an impact on how parents accrue trust in home-school relationships (Stoner, Bock, Thompson, Angell, Heyl, & Crowley, 2005). For instance, Mrs. Javier appreciated how accepting the school staff was of her and her son. It seems that when the child is accepted the parent feels accepted and this further promotes the development of trusting relationships between parent and teacher. As families made the transition to school the quality of these relationships seemed to have dwindled and often tenuous or sensitive relationships replaced the dynamic, collaborative relationships found in preschool. In fact, only three of the ten families interviewed had met their child's elementary school teacher prior to the transition to school, which may suggest they may lack an understanding of children's specific needs or specific challenges and are likely not aware of parents concerns. It may also reveal a limited focus on understanding children's individual needs which may in turn lead to parents feeling less supported and more worried about their children's adaptation to this new environment. The observation of present transition practices in this sample were consistent with the literature (e.g., Rous et al., 2010), such that the most frequently used transition practices included sending letters home to families and visiting the kindergarten classroom and meeting elementary school teachers prior to transition was the least frequently observed transition practice. Research has shown that transition practices, such as meeting an elementary school



teacher prior to transition, can facilitate the transition to school for children and their families (Dockett & Perry, 2003; Kraft-Sayre & Pianta, 2000; LoCasale-Crouch et al., 2008). Rimm-Kaufman and Pianta (1999) have found that as children and families make the transition from preschool to elementary school there is a decrease in home-school communication, which may help explain the decrease in the quality of the relationships found in the current sample. Rimm-Kaufman and Pianta further suggest that preschool-home relationships tend to be more positive than home-elementary school relationships, with fewer instances of negativity. In kindergarten, children's behaviour and academic problems tend to be the topic of conversation more frequently than in preschool, which authors suggest may be indicative of the higher demands placed on children in kindergarten to adapt to the group and less attention to children's individual needs as compared to preschool, which may focus more on family communication and individualizing the program to children's needs. In addition, preschool teachers may be more reluctant to discuss all behaviour problems with parents compared to kindergarten teachers and work with the children longer to understand their needs and try out different interventions. Given that children from this sample were utilizing specialized services in preschool and may or may not have been using these services in elementary school, perhaps specialized preschool teachers' perceptions and expectations of academic and behavioural problems differ from those perceived by kindergarten teachers. As families make the transition to school, this lack of connectedness may be related to difficult or more challenging transitions to school (Quintero & McIntyre, 2011). Further, the shift from intimate preschool settings to expansive education systems may have also disrupted established trust between teachers and parents (Stoner et al.). Stoner et al., further found

that parents who had to "fight for services" experienced diminished levels of trust. Families like Mrs. McDermott shared frustration with the education system's lack of services, which may have related to her decreased mention of positive interactions in elementary school.

The qualitative analysis of the Measure of Processes of Care measure (MPOC-20; King et al., 2004) seemed to mirror the decrease in the quality of the relationships in elementary school. This measure is intended to assess parents' perceptions of health care professionals and included items that had parents rate the quality of these services (e.g., "to what extent do the people who work with your child help you feel competent as a parent," "provide a caring environment rather than just give you information"). These items may tap into subtle aspects of partnerships between professionals and families. The measure incorporates questions about how health care professionals make families feel, as opposed to merely asking them what services these professionals offer. Such items, may address certain elements that contribute to trust-building, such as the genuine care and support these families felt in their communications with preschool staff. Janus et al., (2008) similarly found that families who had recently experienced the transition to school rated services more poorly on the MPOC-20, than families who had not yet made the transition and whose children were in preschool. Authors attributed these findings to the administrative delays in supportive services that these families did not receive early enough, an aspect of transition that some of the current families shared in their narratives (e.g., Mr. and Mrs. McDermott); they also noted that families received more support from preschool services, compared to elementary school services. Surprisingly, the results also indicated that families who had difficult transitions to school, were also in contact with

school principals, whereas not all families who had successful transitions to school were in such contact. Perhaps these families were anticipating more challenges and attempted to be more proactive in an effort to ease the transition to school. It may be that as children demonstrate difficulties at school, home-school contact increases therefore, it may be that frequent communication is not always related to positive relationships. More research is needed to understand how more positive communication strategies can be used during these challenging situations when children are experiencing behavioural difficulties.

The MPOC-20 results also indicated that in general families always rated the Providing Specific Information subscale highest and the Providing General Information subscale lowest. The Specific Information subscale, generally asked families whether health care professionals provide them with written information about their children's progress. The families in this sample shared that written correspondence (communication books or agenda's) was the most frequent form of communication between home and school. The Providing General Information subscale score dropped drastically at Time 3 ( $M=3.87$ ) compared to Time 1 (5.27). This subscale asked parents if health care professionals provide families with general information about their children's disability and information about available resources. Once families made the transition to school, some families' children were making the transition to inclusive classroom settings, where teachers may or may not have been knowledgeable about ASDs. One of the barriers to successful transition may be teachers' lack of knowledge or lack of experience with children with ASDs. Research indicates that, in general, the Providing General Information subscale tends to be rated lower than the remaining four subscales of the

MPOC-20 (Dickens, Matthews, & Thompson, 2010; Janus et al., 2008; King et al, 2004; Raghavendra, Murchland, Bentley, Wake-Dyster, & Lyons, 2007). Dickens et al. hypothesize that time constraints may not allow for the exchange of general information about children's disabilities between families and health care professionals. Authors also suggest that communication between families and health care professionals may tend to focus on the individual needs of children, as opposed to general information about children's disabilities and available resources. Raghavendra et al., suggest that health care professionals need to improve means of knowledge dissemination to improve families' perceptions of the provision of information and to work with teachers using a consultative approach.

Parents' perceptions of their children's development indicated a variety of aspects of children's experiences. In general, families felt that their children made large social and behavioural gains in their specialized preschools, but some families felt their children's progress deteriorated once their child entered elementary school. Adams and Christenson (2000), in addition to highlighting the importance of trusting partnerships in home-school relationships, also found that perceived trust in home-school relationships was related to school performance. Perhaps, children's lack of developmental gains in elementary school did not facilitate an increase in relationship quality in between parents and elementary school teachers. A look at the preschool (Time 1) and elementary school (Time 2) adaptive behaviour and social skills, indicated that parent-reported adaptive behaviours and social skills remained relatively stable after the transition to school, but children's parent-reported problem behaviours seemed to increase. Results from the Janus et al. (2008) study, similarly indicated that children who had recently made the

transition to school had lower scores on an adaptive behaviour measure than children who were still in preschool. This may be related to the lack of available resources some families articulated during elementary school. It may also be related to an absence or a lack of established trust between elementary school staff and families. Further, it may be due to the possible increase in negative conversations between families and school staff when children are experiencing difficulties making the transition from preschool to kindergarten (Rimm-Kaufman & Pianta, 1999). Without appropriate inclusive practices it may have been difficult for some children to adapt to the new elementary school environment (e.g., Denkyirah & Agbeke, 2010).

Parent and preschool teachers' perceptions of children's adaptive behaviour, social skills, and problem behaviours appear to have differed. This lack of corroboration between parent and preschool teachers perspectives can be attributed to several factors. McIntyre, Blacher, and Baker (2006), while using the Social Skills Rating System (Gresham & Elliott, 1990), an earlier version of the SSIS, to assess social skills in children with intellectual disability, also found disparities between parent and teacher perspectives. The authors attributed this discrepancy to contextual factors, divergent expectations, and different comparative groups (other children with special needs or typically developing siblings). Murray, Ruble, Willis, and Molloy (2009) also found disparities between parent and teacher perspectives of social skills in children with ASDs. These authors specified potential reasons for divergent expectations, stating that parents may have viewed their children's social skills as more severely impaired because their children were taking part in a social skills intervention. Authors also hypothesized that parents may not be exposed to their children's experiences with their peers (contextual

factors). For our sample it is possible that these factors may have led to the discrepancy between home and school perceptions. Teachers' higher ratings in problem behaviours may also be attributed to teachers not being exposed to children's behaviour at home; an environment that may be more stable and less unpredictable than an environment with opportunities for interactions with several peers (preschool).

Elementary school teachers' perceptions of children's adaptation was limited to an investigation of report cards. Results indicated that, in general children's progress from the Fall school term to the Spring term was limited. Perhaps, the elapsed time between the Fall and the Spring report card was not sufficient to document change or the lack of available resources in some schools may have had an impact on children's lack of perceived progress. Results also indicated that children's GAC, Problem Behaviours, and Social Skills, did not necessarily match elementary school teachers' perceptions of adaptation. The type of school program children attended for kindergarten may be one contributing factor for this variability. Teachers in an inclusive classroom setting, who may not have an understanding of ASDs may report more disruptive behaviours (e.g., Marc, Jean) than teachers in a segregated setting (e.g., Teresa) because they are comparing the children to same aged peers. The literature outlining the impact of teachers' knowledge and perceptions on children's adaptation will be discussed in a later section.

Parents also shared their knowledge of their children's experiences at school. Generally, during preschool, children seemed to get along with teachers and peers, but had limited exposure to children out of school. Research shows that children with ASDs tend to report fewer "best-friendships" than typically developing peers (Frankel, Gorospe,

Chang, & Sugar, 2011; Sigman & Ruskin, 1999) and one possible reason may be their limited exposure to children outside of school. Opportunities for out of school friendships and best friendships for children with ASDs have positive benefits for children's social skills (Frankel, et al.). After the transition to school relationships with peers seemed to be related to contextual factors (type of school) and social skill level. Chamberlain, Kasari, and Rotheram-Fuller (2007) have found that children with ASDs in inclusive settings tend to have lower levels of social engagement compared to typically developing peers, are not as accepted by their peers, and demonstrate difficulties with social reciprocity. These challenges may explain why some of the children who made the transition to inclusive settings in our sample did not adjust socially in kindergarten (e.g., Marc, Jean). The authors also emphasize that children's social adaptation varied by child, some children observed by Chamberlain et al. experienced high levels of social engagement, suggesting that several factors, such as their peers levels of acceptance or parents and teachers social inclusion efforts, have an impact on how accepted children with ASDs are by their peers. For instance, Mrs. Thompson shared that her son, Trevor, was well accepted by his peers in his inclusive setting. Boyd, Conroy, Asmus, and McKenney (2011) have also found that children with ASDs tend to initiate and reciprocate less often than typically developing peers, but when children did demonstrate engagement they were often rewarded with peer attention. Future investigations of children's social development may show children's eventual adaptation. Children will be making another transition next year, from kindergarten to grade one.

This study also attempted to gain an understanding of children's experiences by asking parents about their children's likes and dislikes. This revealed that children with

ASDs have a variety of interests, but what it highlights is the importance of garnering children with ASDs perceptions directly. Children's perceptions of the transition to school are limited. Dockett and Perry (1999, 2003) asked children who had recently entered kindergarten their perceptions about the transition to school. They found that children tended to focus on the new regulations they encountered in the school setting and shared their personal dispositions about school (positive and negative feelings). There are even fewer accounts of children with ASDs perspectives on issues related to school. Chamberlain et al. (2007) asked children with ASDs their perceptions of their peer relations, finding that children with ASDs tend to perceive that they are more socially active than their peers see them. Although children with ASDs seem to be less active, they don't perceive this, they also experience low levels of loneliness. This study implies that perhaps children with ASDs social needs differ from those of typically developing children. What this study highlights is the value in pursuing children's perceptions in developing future interventions for children with ASDs.

Parents' personal experiences with the transition to school were at times challenging and riddled with feelings of guilt. Parents also shared their experiences with judgments and "parent blaming". Some families benefitted from support systems, but other families struggled alone. Meirsschaut, Roeyers, and Warreyn (2010), in a qualitative investigation of mothers' experiences parenting children with ASDs, similarly found that parents experienced frequent judgments or "parent blaming" from the environment, and families attributed this to a lack of understanding. Although parents seemed to undergo higher instances of stress after the transition to school, the results on the Impact on Family scale (IOF), a measure that assesses how much their children's



disability impacts the family, seemed to indicate that parents perceived that their child's disability had less of an impact on their family during elementary school, compared to preschool. Janus et al. (2008) found similar results, and attributed this finding to the possibility that parents may experience some relief with their children's full-time school attendance. Parents experienced varying levels of familial, educational, and community support. Research shows that informal support systems, such as family, can have a positive impact on families' well being (Blacher, Lopez, Shapiro, & Fusco, 1997; Magana, S. M., 1999). Often, although support is beneficial, families with children with special needs experience a lack of support (Janus et al., 2007). Some of the families in our sample expressed limited support systems (e.g., Mrs. Javier's lack of familial support; Mrs. Adams' lack of community support). Some of these families may keep some of their problems to themselves and opt not to involve other family members out of fear that they may be judged (stigma attached to disability) or perhaps not to impose burden on loved ones, perhaps in an attempt to protect those relationships. In the case of some immigrant families, it may be due to practical reasons such as large distances between themselves and family members. Another plausible reason for this lack of support systems is that health care professionals' meetings with families often lack the inclusion of informal support systems (Cook & Kilmer, 2010; Epstein, et al., 2003; Walker & Schutte, 2005), regardless of the benefits.

### **Immigrant and Canadian Families' Comparative Experiences**

A major goal of this study was to uncover any possible similarities or differences between Canadian and immigrant family experiences during the transition to school. Research has shown children of minority families who may be marginalized have poorer

school success rates than children from dominant groups and they also tend to come from families that demonstrate lower rates of parent-teacher collaboration (Lee & Bowen, 2006). The term marginalized, in this study, refers to those families who do not share cultural capital with the dominant culture. Cultural capital (Bourdieu, 1977) is composed of the languages, customs, and behaviours that culminate to form social class positions and these norms are often used to effectively navigate social systems. If families' forms of cultural capital are not compatible with the dominant culture they may have difficulty navigating the system. Given the importance of collaborative practices for the transition to school (Dockett & Perry, 2003; Hamre & Pianta, 2001; Kraft-Sayre, & Pianta, 2000; Pianta et al., 2001; Pianta & Walsh, 1996), the transition to school for children with ASDs from marginalized families may also be increasingly challenging. Research also shows that the implementation of transition practices may have a stronger impact on children from marginalized families' academic achievement (LoCasale-Crouch et al., 2008).

Lareau and Horvat (1999) discovered that parents who share language, school norms, and values with their children's institution are more likely to be involved in school whereas poor parents and parents who are ethnic minorities or immigrants may be excluded. These excluded parents do not emulate middle-class norms and may not have the resources to understand the school system or they may challenge or question authority. Having a child with a disability can be an additional stigmatizing experience for families that have a minority status, which may lead them to feel more excluded (Hanson et al., 1998). Marginalized parents can overcome barriers imposed on them, however, and participate in the school community with an active voice. The immigrant

families' experiences in this sample, however, did not voice these issues. In general, children's successful adaptation to school seemed to be unrelated, at least directly, to immigrant status. Families, such as the Jean-Claude's and the Ma's, shared narratives that exposed their intimate relationships with schools and their children's successful transitions to school. McWayne, Hampton, Fantuzzo, Cohen, and Sekin (2004) found, in a sample of 307 ethnic minority children from low-income homes that parents' who were actively involved in the process of learning at home, were in frequent contact with the school staff, and dealt with little to no barriers to school involvement had more socially and academically adaptive children. McWayne, et al.'s findings may suggest that their are protective factors for these "at-risk" families, and the immigrant families in this sample seemed to possess some, if not all, of these resiliency factors.

Although immigrant families in this sample generally seemed to endure positive experiences during the transition to school, some instances of struggle or adversity were articulated. Generally, all families were satisfied with the preschool their children were attending. Slight differences between Canadian and immigrant families emerged when suggestions for improvement were mentioned. Canadian families tended to suggest means to facilitate the relationship between home and school. Monetary issues were the leading cause of concern for a few of the immigrant families. These results are also consistent with Hanson, et al. (1997) who have found that issues of inclusion are, at times, minor compared to other family issues (i.e., SES, refugee status) in some immigrant families.

In addition, families' cultural backgrounds have an integral role in how they view their children's disability (Hanson et al., 1997, 1998). Discrepancies between home and

school value systems can sometimes lead to conflict. One of the immigrant families, Mrs. Javier, did not hold the same belief system as the school regarding her son's diagnosis. Schuman (2000) has found that depending on cultural values and norms, different cultures can hold varying conceptualizations of children's development and in turn children's special needs. Language barriers have also been found to impede successful collaboration between home and school in minority families. Language proved to be a challenge to several families, immigrant and Canadian, in the sample. Due to Québec language laws, families in Québec must place their children in French language schools, regardless of preference. Although, both Canadian and immigrant families expressed concern about placing their child in a French-language school, immigrant families in particular also specified how these language barriers could impede their ability to interact with schools (e.g., the Thompson's). These language barriers may also be related to immigrant families' apparent lack of awareness of the pathways of communication between schools and outside resources. Portes, Kyle, and Eaton (1992) describe how immigrant families sometimes encounter difficulties interacting with health care professionals and education systems because they lack a deep understanding of such systems and professionals may not be culturally sensitive in their work with parents. Difficulties interacting with health care professionals can be compounded if families are also experiencing language barriers (Leclerc, Jenson, & Biddlecom, 1994).

Regardless of some of the challenges experienced by the immigrant families in this study, generally speaking, they shared positive experiences with the transition to school, which as aforementioned could be related to their ability to be more resourceful (e.g., they described frequent contact with school). It may also be indicative of school

system's ideologies. Home-school collaboration has generally been defined in terms of school discussion (Carreon, Drake, & Barton, 2005; McNeal, 1999) parent-teacher organization (PTO) involvement (McNeal, 1999), monitoring (Lee & Bowen, 2006; McNeal, 1999), and educational support strategies (McNeal, 1999). Often the conceptions of parent involvement from parents and teachers are in divergence. Teachers are apt to view parental involvement in strict school-based terms while some parents may value community or home-based involvement as well (Carreon, et al., 2005 ; Lawson, 2003; Smrekar, & Cohen-Vogel, 2001). Perhaps, the preschool and elementary school teachers in this sample held dynamic, interactive beliefs of home-school collaboration, which incorporated both home-based and school based norms. Finally, this finding may also be related to this study's definitions of home-school collaboration and eventual successful adaptation. With the use of qualitative analysis, rich, descriptive details pertaining to families' experiences with the transition to school were obtained. In the literature, the definition of home-school collaboration is often closed, and more akin to "school-based" norms (e.g., Carreon et al., McNeal). In addition, successful transitions to school were largely defined by parents' perspectives, in contrast to standardized measures, or teacher perspectives that have typically been used to define successful adaptation to school.

### **Successful Transitions to School**

The main objective of this study, in terms of ultimate implications and practical applications, was to ascertain what elements lead to successful transitions to school for children with ASDs and their families and what barriers impede such transitions.

Collaborative partnerships between home and school and the implementation of transition

practices have been shown to facilitate the transition between home and school (Dockett & Perry, 2003; Kraft-Sayre & Pianta, 2000; LoCasale-Crouch, et al., 2008) and to be particularly pertinent for families with children with special needs (Janus et al., 2007).

Successful transitions to school, in this study, seemed to be characterized by bidirectional collaboration between home and school and the availability of individualized support in the classroom. Denkyirah and Agbeke (2010) argue that early planning and preparation in conjunction with collaborative practices are essential components of the transition to school for children with ASDs. All of the parents in this sample spoke of their children's large social and behavioural gains in preschool, however once children made the transition to school some children displayed difficulties making adjustments, which may have been related to a lack of collaboration between home and school for some families. Although some families experienced challenges making the transition to school, most of the families in the sample perceived that their child adapted well to their new environment. Despite the lack of trust and some parents' report of lack of services, parents' ratings of the success of their child's transition to school was rated as 'Successful', and three families in particular rated the transition to school had been 'Challenging.'

Qualitatively, we have discussed how the relationships between home and school suffered at the elementary school level (e.g., Mrs. Thompson did not feel as close to the elementary school staff as she did to the preschool), but perhaps the preparatory measures taken during preschool acted as a buffer to combat negative effects of less collaborative partnerships during elementary school. That is to say, perhaps the interventions established in the specialized preschools prepared these children and their parents for the

challenges that they may have encountered during the transition to elementary school.

Denkyirah and Agbeke further stipulate that without adequate social and behavioural interventions for children with ASDs, the social and communication difficulties inherent to the disorder could worsen in elementary school.

This study also emphasized the importance of collaborative partnerships, but it was not merely the presence of these partnerships that seemed to facilitate transition, but the presence of bidirectional relationships, where parents and teachers communicate and share ideas to establish inclusive education systems for children. Two of Pianta and Kraft-Sayre's (2003) guiding principles for transition practices suggest, fostering relationships as resources and maintain focus on family's strengths. Parents often hold invaluable information about their children's development and harnessing that knowledge is an asset to professionals, especially educators who have not previously had any contact with these children. Mrs. Timmins shared that she was very comfortable offering suggestions to the school about her son's development and consequently had a positive experience with the transition to school. Mrs. Adams, in contrast, did not feel comfortable offering her knowledge and expertise to the professionals working with her son at elementary school, and in turn described a challenging experience with the transition to school.

While being in education systems with adequate educational support led to positive transitions, an absence of such individualized support naturally led to difficult transitions to school for some of the families in this study. Often, administrative delays in support were presented as contributing to insufficient support systems. For example, Mrs. McDermott expressed her exasperation, when administration endorsed a "wait and

see" approach for her son's transition to school. Janus et al. (2008) discuss that parents often experience increased stress after the transition to school because of administrative delays in support. Parents also shared that a lack of teacher knowledge about their children's disability hindered effective inclusion practices. Research shows that educators' inadequate intervention training can be a serious barrier to the transition to school for children with special needs (Janus et al., 2007). Quintero and McIntyre (2011) have also reported that parents of children with developmental delays participate more in transition planning than those of children with ASDs, suggesting perhaps that families with children with ASDs are invited to these meetings less frequently. Although Quintero and McIntyre found that preschool teachers are more concerned about the transition to school of children with ASDs than those with developmental delays. One possibility for this may be the invisibility of ASDs. Sometimes, high-functioning children with ASDs may appear to be functioning at a similar social and behavioural level as their neurotypical peers. In fact sometimes, children with high-functioning autism or Aspergers may be at a greater risk than children who are lower-functioning because finding an appropriate intervention for this "invisible disability" can prove to be challenging for educators (MacDonald, 2010). Children like, Marc and Jean, two high-functioning children, did not appear to have any glaringly obvious special needs, and perhaps this "invisible disability" contributed to the lack of planning for support of these children in their elementary school classroom. This "invisible disability" also highlighted another challenge some families experienced when making the transition to school.

An interesting finding, which was expected for immigrant families was the evidence of divergent belief systems between Canadian families and education systems.



At times, families and schools, held different beliefs about children's competencies and children's challenges. For instance, Mrs. Girard shared that her son's teacher did not seem to have an understanding of her child's disorder, and instead blamed her parenting for her son's aggressive behaviour in the classroom. This may be related to the "invisibility" of some ASDs (MacDonald, 2010). Mrs. Adam's also struggled with the challenges of diverging belief systems, but in her son's case, a low-functioning child with autism, Mrs. 105 suggests societal factors might have played a part in the school's lowered expectations for her son. Hanson et al. (2007, 2008) has highlighted the difficulties that the competing belief systems between home and school can pose on children's adaptation to school from a cultural perspective, but not from an educational, ideological perspective. Societal, cultural, and educational factors may be influencing teachers' perceptions of inclusion. The importance of discerning the needs and requirements for children with special needs to succeed and reach their utmost potential is invaluable (Beckett, 2009). Society, and inherently teachers nested within society, have a tendency to focus on children with special needs' and limitations rather than their potential (Fabian & Liesener, 2005; Nota & Soresi, 2009). These perceptions have serious implications for children with special needs, as they can impose limits to their social and behavioural development. Helps, Newsom-Davis, and Callias (1999), in investigating teachers' perceptions of autism, found that of teachers who had worked with children with autism, only 5% had received special needs training and 5% had attended professional development courses related to the disability. When the authors compared teachers and mental health professionals' knowledge of autism, teachers held several beliefs in common (e.g., autism is lifelong, children with autism need predictability) with

professionals, but differed in several important domains. Teachers held misconceptions about the difference between autism and learning difficulties, children with autism often have particular aptitudes, and that autism is a highly emotional disability. If we consider the Girard parents' experience of feeling blamed for his misbehaviour, it can be speculated in light of Helps et al.'s findings, that factors such as teacher education, teacher perceptions, and inclusive practices may be related to how this family experienced judgement and blaming.

Overall, collaborative practices and effective resources seem to lead to successful transitions to school. A dynamic relationship between insufficient intervention training (Janus et al., 2007), teachers perceptions (Helps et al., 1999), and societal values or norms (Fabian & Liesener, 2005; Nota & Soresi, 2009) may be related to the challenges several families experienced while helping their children make the transition to school.

### **Limitations and Future Directions**

Although this study has shed some light on the transition to school for children with ASDs and their families, while adding to the paucity of research on transition to school for this population, in particular experiences of immigrant families with children with autism, certain methodological limitations need to be addressed.

The small sample size is one limitation of this study. Given that only ten families, attending three private preschool settings, were investigated, more sophisticated quantitative analyses could not be employed, therefore, conclusions from this study cannot be generalized. Although results cannot be generalized, the small sample size also allowed for an in depth analysis of families' experiences, which elicited rich and dynamic narratives. From these narratives future investigations can focus on issues of transition to

school that have emerged from participant experiences, allowing for future research questions to be based on pertinent concerns of families and professionals. Future quantitative investigation may develop models that can gain a clearer understanding of the variables related to school success. This study has been able to elucidate some of these potential variables: issues of trust between home and school, teachers' perceptions of children with ASDs, available community resources. More specifically, future investigations could attempt to determine possible differences between successful and challenging transitions and examine empirically which factors contribute more directly to children's successful transitions and how they may impact children's school outcomes. It will also be important to study the comparative experiences of immigrant and Canadian families in a more systematic way to uncover how their cultural experiences and resources may impact their children's transition to school.

Another issue, which precedes an investigation of school success, is the definition of said success. In the current study parents' perceptions of adaption defined school success and children's report cards were investigated to evaluate elementary school teachers perceptions of adaptation. There are limitations to these assumptions. Children's progress throughout their first year of kindergarten appeared to be limited, according to report cards. Perhaps not enough time had elapsed between the Fall and the Spring term to ascertain progress, it may have been more illustrative of the transition to kindergarten as a process to investigate children's final report cards, generally issued at the end of Spring. Additionally, an investigation of children's Individualized Education Plans (IEPs), may have yielded a more in depth description of school's adaption to children's needs, although the majority of children did not have IEPs.

Had IEPs been included, children would have been marked based on their individual goals, and not compared to their peers, which may account for why several children demonstrated marked difficulties in school. Further, it may also be interesting to investigate, longitudinally, the long-term effect of collaborative and transition practices, by following up on children's adaptation to school in later grades. This study also demonstrated that parents' and teachers' perceptions of adaptation sometimes differed (e.g., SSIS, ABAS-II), which may imply that "successful" transition or adaptation may be perceived differently from different perspectives. Perceptions of school success may be related to expectations or perhaps comparative environments. This study made use of a variety of measures of social skills and adaptive behaviour (SSIS, ABAS-II, observation, report card). With a larger sample size, future investigations can look at the relationship between these perceptions. The importance of social skills in determining successful adaptations is emphasized because of its importance for the transition to school for children with disabilities (e.g., (Ladd, 1990; McClelland et al., 2000; Odom et al., 1992), regardless of the unit of measurement, but an in depth analysis of factors that influence successful transition to school as defined by multiple sources and perspectives may help disentangle some of the specific variables related to specific outcomes.

A specific limit of the observation tool we used, was that children were observed during their free play sessions at their respective preschools. Setting A and Setting B's free play set up greatly differed. Setting B's free play took place on a large outdoor playground and Setting A's free play took place indoors, in a smaller, more confined space. Opportunities for social engagement may have differed as a function of each school's free play organization. A more controlled, orchestrated free play session may

address some of these issues, although naturalistic observations are beneficial because they allow researchers to observe children in their natural setting.

The majority of the children in this sample made the transition to school from specialized preschool settings. Results indicated that most families experienced positive transitions to school, and one possible reason, which was discussed, was that the children's preschool settings appropriately prepared them for the transition to school. In addition teachers were not asked about their educational background (special education credentials, transition practice training, etc.), which has been shown to promote successful adaptation and the implementation of transition practices (Rous et al., 2010). An investigation of children with ASD's transition from diverse early education programs to elementary school may include an examination of the relationship between type of early education program and eventual transition to school.

Although this study attempted to uncover children's experiences with the transition to school, children's voices of their perspectives of school transitions were lacking. Due to children's varying language ability and social competence, children's perceptions were not directly investigated. Limited studies have looked at children's perceptions (e.g., Dockett & Perry, 1999; 2003) and even fewer have looked at children with ASDs perceptions (e.g., Chamerblain et al., 2007). Investigating children with ASDs may pose some practical issues, depending on children's social and adaptive skills, but some studies have asked high-functioning children with ASDs their perspectives; alternative means, such as classroom observations over a longer period of time, can address some of the practical concerns with interpreting children's perceptions, particularly when they are lower functioning.

## **Implications and Practical Applications**

Despite its limitations, this study has contributed to the burgeoning research on transition to school for children with ASDs. Currently, limited studies investigate this important transition for children with ASDs and their families (e.g., Denkyirah & Agbeke, 2010; Quintero & McIntyre, 2011; Stoner et al., 2007). Additionally, this study represents one of the first to study immigrant and Canadian families' perspectives of the transition to school for children with ASDs.

Readdressing Rimm-Kaufman and Pianta's (2001) developmental model of transition, the results of this study corroborate with the authors' understanding of transition to school. To reiterate, this model emphasized the importance of fostering collaborative relationships as resources, across time, and between contexts, with a focus on families' strengths and the individual needs of children. The results of this study demonstrated that parents perceived genuine partnerships, and collaborative, bidirectional relationships as an important facilitator of successful transitions to school. Denkyirah and Agbeke (2010) and Stoner et al. (2007), also emphasize the necessity of collaborative practices, but Denkyirah and Agbeke also suggest the implementation of early intervention and transition practices, for families with children with ASDs. Our results suggest that the transition to school may have been facilitated by the early intervention practices the specialized preschools promoted.

This study, ultimately, reinforces the importance of collaboration between home and school beginning in preschool and highlights the important roles that educators play in this process. Meaningful partnerships and successful interventions are formed when educators are aware of different families' values and goals. This study also highlights the

importance of developing intervention programs and transition practices that are tailored for individuals. Although, educators tend to emphasize the importance of collaborative practices they also lack the available resources (e.g., time) to establish these norms. More specifically, Quintero and McIntyre (2011) found, while investigating the transition to school for children with ASDs, that preschool teachers wanted more collaboration between preschool and elementary settings and more formalized transition plans, but stipulated that time and the difficulty in making connections with multiple school districts as barriers to effective practices. Regardless of these constraints, research shows the benefits of collaborative and individualized practices for the transition to school for children with special needs (e.g., Dockett & Perry, 2003; Hamre & Pianta, 2001; Kraft-Sayre, & Pianta, 2000; Pianta et al., 2001; Rimm-Kaufman & Pianta, 2001). In the future, collaborative practices need to be developed, which alleviate educators' load, while not neglecting families' and children's needs.

In addition, this study highlights the challenging role families play in their children's education. Parents and caregivers often have to advocate for their children's educational rights and sometimes grapple with the system with little support. The implementation of formal and informal support systems has a positive impact on families' well being (Blacher, Lopez, Shapiro, & Fusco, 1997; Magana, 1999) and as such health care professionals could promote the use of such support systems by directing families to available resources or including informal support systems (family members) in team meetings.

Cultural diversity and the increasing rate of diagnosis for children with ASDs is an important issue that, in our increasingly diverse society, is becoming a pressing one.

Efforts need to be taken to ensure all families have the resources and the knowledge to navigate the education system. Educational initiatives, such as the provision of translation services, can help some families take advantage of the benefits of home-school collaboration and the available resources in their community. Welterlin and LaRue (2007) suggest that families take power and evaluate if collaborative practices are enacted in their relationships with professionals. If these needs are not being met, families should have open discussions with professionals about their concerns. With an understanding that professionals may not be trained to be culturally sensitive, Welterlin and LaRue further suggest that families guide professionals to a deeper understanding of their values and beliefs, more specifically, their perceptions of their child's development.

More globally, this study illuminates societal issues of acceptance and understanding. In order for children to be successfully integrated into school programs, an understanding of difference and the ability to adapt (environments and perceptions) is necessary. The transition process from preschool to elementary school for children with ASDs has implications for school policies and interagency collaboration.



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**Appendix A**  
**Parent Consent Form**

## CONSENT FORM TO PARTICIPATE IN RESEARCH

This is to state that I agree to participate in a study being conducted by Hariclia Harriet Petrakos of the Department of Education of Concordia University (telephone: 848-2424, ext. 2013; email: hpetrakos@education.concordia.ca).

### A. PURPOSE

I have been informed that the purpose of the study is to learn about how children with autism (ASD) and their families move from preschool to kindergarten. I understand that the researcher is interested in understanding the types of parent and school activities (such as communication with the teacher, kindergarten visits before school, telephone communication), that help children socially. This project will focus on children with ASD preparing to move to kindergarten who are born in Canada and those who have immigrated to Canada.

### B. PROCEDURES

*I have been informed that the procedure is the following:*

The study will take place in the 2011-2012 academic years. The following information will be collected:

- a) parent interviews and questionnaire packages will provide the following information:
  - parents' views and experiences of the move to kindergarten
  - a questionnaire asking about children's behaviour
  - a questionnaire asking about children's social ability
  - parents' views of the support services available to children with ASD
  - parents' views of the impact their child's disability has on the family
- b) teacher interviews and questionnaire packages will provide the following information:
  - teachers' views and experiences of the move to kindergarten
  - teachers' views of child's social ability
  - teachers' views of child's behavior
- c) the research assistant will observe children's play in the preschool setting

The children will be observed in a group setting during free peer play in their preschool program. The researcher will not interfere with children's play. This observation will last about 30 minutes.

I, the parent, will be asked if I would like to complete a questionnaire package, which should take about 45 minutes to fill out. I will also be asked to participate in an audiotaped interview, which will last about 90 minutes. The questionnaire and interview parts of the study will happen three times over the course of the school year. The first meeting will be in the Spring/Summer, the next meeting will be in the beginning of the Fall semester, after the first report card and the last meeting will be at the end of the school year. Translation services will be provided for parents who do not speak English.

### C. CONDITIONS OF PARTICIPATION

- I understand that I am free to withdraw my consent and stop my participation at anytime without negative consequences. **Should you choose to withdraw your consent the information you provided will be destroyed. Should you decide to stop your participation your information will be maintained.**
- I understand that my participation in this study is CONFIDENTIAL (i.e., the researcher will know, but will not disclose my identity). All the information that all the participants share is also confidential and private, unless we think that the children are unsafe in any way. In that case, we will report any concerns to the school principal.
- I understand that the data from this study may be published. Only group findings will be published and no child or family (or teacher) will be identified by name.
- I understand that the risks associated with this study include emotional and/or psychological distress. Should you experience distress please contact Dr. Harriet Petrakos (514-848-2424 ext. 2013), a licensed psychologist and she will provide you with the appropriate resources.

I HAVE CAREFULLY STUDIED THE ABOVE AND UNDERSTAND THIS AGREEMENT. I FREELY CONSENT AND VOLUNTARILY AGREE TO PARTICIPATE IN THIS STUDY.

NAME (please print) \_\_\_\_\_

PHONE NUMBER (H) \_\_\_\_\_ PHONE NUMBER (C) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

*If at any time you have questions about your rights as a research participant, please contact Adela Reid, Research Ethics and Compliance Officer, Concordia University, at (514) 848-7481 or by email at [areid@alcor.concordia.ca](mailto:areid@alcor.concordia.ca).*

This is to state that I agree to participate in a program of research being conducted by Harriet Hariclia Petrakos of the Department of Education of Concordia University (telephone: 848-2424, ext. 2013; email: [hpetrakos@education.concordia.ca](mailto:hpetrakos@education.concordia.ca)).

**Appendix B**  
**Parent Information Letter**

Dear Parent(s)/Guardian(s)

I am a researcher from the Department of Education at Concordia University. I am interested in understanding the types of parent and school transition practices that may help children do better in school. We are trying to understand how teachers and parents communicate to help the children and how visits to the school, telephone communication, class visits, and face-to-face meetings may help the children and their parents work with the school to help their children have a successful start.

This project will study children diagnosed with autism and their parents to understand how children and their parents experience the start of school. We will also compare the experiences of children who are immigrants and those who are Canadian to understand the differences and similarities of their experiences. If you and your child have comments and/or concerns about the children's experiences starting kindergarten we would like to hear from you.

When you consent to participate in this study, we will give you a set of questionnaires to answer questions about your child for about 45 minutes. We will ask you if you need a translator to answer the questions. We will also observe your child in his/her preschool setting for about 30 minutes during a play session. We will then interview you for about one hour and if you need someone to translate for you in your native language we will provide a translator. The interview will be audiotaped. We will repeat these interview in the fall term, middle of the year term (Jan/Feb) and at the end of the year (May/June). We will ask you to give us a copy of your child's report card and IEP.

All information in this study will remain confidential and your child's name will not be identified in any results that are summarized at the end of the study. At the end of the study, we will give you a short summary of your child's strengths and challenges that were reported by your child's educator.

A benefit of this study may be that it will provide information on what school transition practices help children and parents as the children begin school. We cannot and do not guarantee or promise that you will receive benefits from this study. Our goal is to further enhance family and school collaboration and identify transition practices that help ease the transition to school for children.

Thank you for your consideration. If you have any questions or concerns please feel free to contact me, Dr. Hariclia Petrakos at 514-848-2424 ext. 2013.

Sincerely,

Project Researcher  
Hariclia (Harriet) Petrakos, Ph.D.

**Appendix C**  
**Teacher Consent Form**

### ***CONSENT FORM TO PARTICIPATE IN RESEARCH***

This is to state that I agree to participate in a program of research being conducted by Hariclia Harriet Petrakos of the Department of Education of Concordia University (telephone: 848-2424, ext. 2013; email: hpetrakos@education.concordia.ca).

#### **A. PURPOSE**

I have been informed that the purpose of the research is to provide information about the transition experiences of children with autism spectrum disorder (ASD) and their families. I understand that the researcher is interested in understanding the types of parent and school transition practices (such as communication prior to school commencement, kindergarten visits prior to commencement, telephone communication), that contribute to children's progress socially. This project will focus on children diagnosed with ASD preparing to make the transition to kindergarten who are born in Canada and those who have immigrated to Canada.

#### **B. PROCEDURES**

***I have been informed that the procedure is the following:***

The data collection will take place in the 2011-2012 academic years. The following information will be collected:

- a) teacher interviews and questionnaire packages will provide the following information:
  - teachers' perceptions and experiences of school transition
  - a standardized measure of child's social competence
  - a standardized measure of child's adaptive behaviour
- b) the researcher will conduct a peer play observation tool to assess children's social behaviour in the preschool setting

The children will be observed in a group setting during free peer play in their preschool program. The researcher will not interfere with the nature of the peer play interaction. This observation will last approximately 30 minutes.

I will be asked if I would like to complete a questionnaire package that should take approximately 30 minutes to complete. I will also be asked to participate in a brief audiotaped



interview session that should last approximately 20 minutes. If you are the child's preschool teacher the interview will take place in the Spring/Summer. If you are the child's elementary school teacher the interview will take place in the Fall/Winter.

### C. CONDITIONS OF PARTICIPATION

- I understand that I am free to withdraw my consent and discontinue my participation at anytime without negative consequences. **Should you choose to withdraw your consent the information you provided will be destroyed. Should you decide to stop your participation your information will be maintained.**
- I understand that my participation in this study is CONFIDENTIAL (i.e., the researcher will know, but will not disclose my identity). All the information that all the participants share is also confidential and private, unless we think that the children are unsafe in any way. In that case, we will report any concerns to the school principal.
- I understand that the data from this study may be published. Only group findings will be published and no child or family (or teacher) will be identified by name.

I HAVE CAREFULLY STUDIED THE ABOVE AND UNDERSTAND THIS AGREEMENT. I FREELY CONSENT AND VOLUNTARILY AGREE TO PARTICIPATE IN THIS STUDY.

NAME (please print) \_\_\_\_\_

PHONE NUMBER (H) \_\_\_\_\_ PHONE NUMBER (C) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

*If at any time you have questions about your rights as a research participant, please contact Adela Reid, Research Ethics and Compliance Officer, Concordia University, at (514) 848-7481 or by email at [areid@alcor.concordia.ca](mailto:areid@alcor.concordia.ca).*

This is to state that I agree to participate in a program of research being conducted by Harriet Hariclia Petrakos of the Department of Education of Concordia University (telephone: 848-2424, ext. 2013; email: [hpetrakos@education.concordia.ca](mailto:hpetrakos@education.concordia.ca)).

**Appendix D**  
**Teacher Information Letter**

## **Letter to educators**

Dear Teacher(s)

I am a researcher from the Department of Education at Concordia University. I am interested in understanding the types of parent and school transition practices that contribute to children's progress socially. For example, transition practices may involve communication with the teacher and visits to the school prior to school commencement, telephone communication and face-to-face meetings. This project will focus on children diagnosed with autism preparing to make the transition to kindergarten. We are also interested on the similarities and differences of children who are born in Canada and those who have immigrated.

Upon consent for participation, you will be given a questionnaire package (30 minutes) that will contain questions pertaining to the child's social development, adaptive behaviour, and the transition to school experiences. At this time, the child will be observed in his/her preschool setting for approximately 30 minutes during a free play session. During this observation there will be no interference on the part of the researcher. Following completion of the questionnaires you will be asked, on a day and time that is convenient for you, to participate in an interview where we will further discuss your transition experiences. This interview should take approximately 20 minutes and will be audiotaped. The interview and questionnaire will be repeated at the end of the school year.

All information in this study will remain confidential and the children's and educators' names will not be identified in any results that are summarized in the final report. At the end of the study, the parent will be given a short summary of the child's strengths and challenges as identified by the adaptive questionnaire that was completed by the educator.

A benefit, which may reasonably be expected to result from this study, is the provision of essential information concerning effective transition practices for families with children with special needs. We cannot and do not guarantee or promise that you will receive benefits from this study. Our goal is to further enhance family and school collaboration and identify transition practices that help ease the transition to school for children with special needs.

Thank you for your consideration. If you have any questions or concerns please feel free to contact me, Dr. Hariclia Petrakos at 514-848-2424 ext. 2013.

Sincerely,

Project Researcher  
Hariclia (Harriet) Petrakos, Ph.D.

## **Appendix E**

**Measure of Processes of Care (MPOC-20 King, King, & Rosenbaum, 2004)**

<b>MEASURE OF PROCESSES OF CARE - 20</b>
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We would like to understand and measure the experiences of parents and children who are working to improve their child's care. In particular, we wish to know about your perceptions of the care you have been receiving over the past 6 months from the health care organization that provides services to your child. This refers to your experiences at hospitals, schools, private practices, etc.

The care that you and your child receive from these organizations may bring you into contact with many individuals. The questions on this form are grouped by who these contacts are, as described below.

**PEOPLE:** refers to those individuals who work directly with you or your child. These **may include** psychologists, therapists, social workers, doctors, nurses, dieticians, etc.

**ORGANIZATION:** refers to all staff from the various schools, hospitals, and private practices, whether involved directly with your child or not. In addition to health care people they **may include** support staff such as office staff, housekeepers, administrative personnel, etc.

The questions are based on what parents, like yourself, have told us about the way care is sometimes offered. We are interested in your personal thoughts and would appreciate your completing this questionnaire on your own without discussing it with anyone.

For each question, please indicate how much the event or situation happens to you. You are asked to respond by circling **one** number from 1 (Not at All) to 7 (To a Very Great Extent) that you feel best fits your experience. Please note that the zero value (0) is used only if the situation described does not apply to you.

Indicate how much this event or  
situation happens to you

IN THE PAST 6 MONTHS, TO WHAT EXTENT DO THE PEOPLE WHO WORK WITH YOU CHILD....	To a Very Great Extent	To a Great Extent	To a Fairly Great Extent	To a Moderate Extent	To a Small Extent	To a Very Small Extent	Not at All	Does Not Apply
<i>S. ... offer you a snack in clinic?</i>								

**PEOPLE** refers to those individuals who work directly with you or your teen. These  
Indicate how much this event or situation happens to you

IN THE PAST 6 MONTHS, TO WHAT EXTENT DO THE <b>PEOPLE</b> WHO WORK WITH YOUR CHILD....	To a Very Great Extent	To a Great Extent	To a Fairly Great Extent	To a Moderate Extent	To a Small Extent	To a Very Small Extent	Not at All	Does Not Apply
1. ...help you to feel competent as a parent?	7	6	5	4	3	2	1	0
2. ...provide you with written information about your child's treatment?	7	6	5	4	3	2	1	0
3. ...provide a caring atmosphere rather than just give you information?	7	6	5	4	3	2	1	0
4. ...let you choose when to receive information and the type of information you want ?	7	6	5	4	3	2	1	0
5. ...look at the needs of your child (e.g., at mental, emotional, and social needs) instead of just at physical needs	7	6	5	4	3	2	1	0
6. ...make sure that at least one clinic staff is someone who works with you and your family over a long	7	6	5	4	3	2	1	0

period of time.								
7. ...fully explain treatment choices to you?	7	6	5	4	3	2	1	0
8. ...provide opportunities for you to make decisions about treatment?	7	6	5	4	3	2	1	0
9. ...provide enough time to talk so you don't feel rushed?	7	6	5	4	3	2	1	0
10. ...plan together so they are all working in the same direction?	7	6	5	4	3	2	1	0
11. ...treat you as an equal rather than just as the parent of a patient (e.g., by not referring to you as "Mom" or "Dad") ?	7	6	5	4	3	2	1	0
12. ...give you information about your child that is consistent from person to person?	7	6	5	4	3	2	1	0
13. ...treat you as an individual rather than as a "typical" parent of a child with autism	7	6	5	4	3	2	1	0
14. ...provide you with written information about your child's progress?	7	6	5	4	3	2	1	0
15. ...tell you about the results from tests?	7	6	5	4	3	2	1	0

**ORGANIZATION** refers to all staff from the health care organization, whether involved

directly with your teen or not. In addition to health care professionals, these people **may include** support staff such as office staff, housekeeper, administrative personnel, etc..

Indicate how much this event or situation happens to you

IN THE PAST 6 MONTHS, TO WHAT EXTENT DOES THE <b>ORGANIZATION</b> WHERE YOU RECEIVE YOUR SERVICES...	To a Very Great Extent	To a Great Extent	To a Fairly Great Extent	To a Moderate Extent	To a Small Extent	To a Very Small Extent	Not at All	Does Not Apply
16. ...give you information about the types of services offered at the organization or in your community	7	6	5	4	3	2	1	0
17. ...have information available about autism (e.g., its causes, how it progresses, future outlook) ?	7	6	5	4	3	2	1	0
18. ...provide opportunities for the entire family to obtain information?	7	6	5	4	3	2	1	0
19. ...have information available to you in various forms, such as a booklet, kit, video, etc. ?	7	6	5	4	3	2	1	0
20. ...provide advice on how to get information or to contact other parents (e.g., organization's parent resource Library) ?	7	6	5	4	3	2	1	0

\* Original reference: King, S., Rosenbaum, P., and King, G. Parents' perceptions of care-giving: development and validation of a process measure. *Developmental Medicine and Teen Neurology*, 38(9), 757-772, 1996.



## **Appendix F**

### **Sample Questions:**

**Impact on Family Scale (IOF; Stein & Reissman, 1980)**

**Impact on Family (IOF; Stein & Jessop, 2003) Sample Questions**

“To what degree do the following statements apply to the parent or family”

1. Additional income is needed.
2. Specially treated by neighbors.
3. Sometimes I feel like we live on a roller coaster: In crisis when my child is acutely ill, OK when things are stable
4. Because of what we have shared, we are a closer family.

**Appendix G**  
**Adaptive Behavior Assessment System (ABAS-II)**  
**Sample Questions**

**Adaptive Behavior Assessment System (ABAS-II; Harrison & Oakland, 2003)**  
**Sample Questions**

1. Looks at others' faces when they are talking.
2. Laughs when a parent or other person laughs.

## **Appendix H**

**Social Skills Improvement System (SSIS; Gresham & Elliott, 2008)**

### **Sample Questions**

**Social Skills Rating Scale (SSRS; Gresham & Elliott, 2008)**  
**Sample Questions**

**Parent Version**

1. Expresses feelings when wronged.
2. Follows household rules.

**Teacher Version**

1. Asks for help from adults.
2. Follows directions.

**Appendix I**  
**Demographics Form**



**Demographics Form / Formulaire Démographique**  
**(Confidential / Confidentiel)**

**Child/Enfant :**      ☐ Boy / Garçon      ☐ Girl / Fille

1. Date of birth (dd/mm/yy) / *Date de naissance (jj/mm/aa)*

\_\_\_\_\_

2. Place of birth / *Lieu de naissance*

\_\_\_\_\_

3. Ethnic background / *Origine ethnique*

\_\_\_\_\_

4. School / *École*

\_\_\_\_\_

5. Teacher /

*Enseignant(e)* \_\_\_\_\_

\_\_\_\_\_

6. Other children living in the house (please state age, school, relationship to child)

*Autres enfants qui habitent chez vous (notez l'âge, école, et lien avec l'enfant)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Are there other children in your family attending a school in Canada (Québec)?

Y a-t-il d'autres enfants dans votre famille qui fréquentent une école au Canada

(Québec)?

\_\_\_\_\_ Yes, How many? / Si oui, combien? \_\_\_\_\_

No / Non

8. Number of parents living with the child / Nombre de parents qui habitent avec l'enfant

\_\_\_\_\_



9. Number and relationship of other adults living with the child / Nombre et lien des autres adultes qui habitent avec l'enfant :

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10. For how long have you been a part of the education system in Canada (Québec)?  
Depuis combien de temps faites-vous parti du système de l'éducation en Canada (Québec)?

- \_\_\_\_\_ Less than a year / Moins d'un an  
 \_\_\_\_\_ 1 – 2 years / 1 à 2 ans  
 \_\_\_\_\_ 2 – 3 years / 2 à 3 ans  
 \_\_\_\_\_ Over 3 years / Plus de 3 ans

11. What specific diagnosis does your child have ? (e.g. ASD, PDD-NOS)

- ☐ Autism Spectrum Disorder  
☐ Autism  
☐ Aspergers  
☐ Pervasive Developmental Disorder  
☐ Pervasive Developmental Disorder Not Otherwise Specified  
☐ Learning Problem  
☐ Other \_\_\_\_\_  
☐ Uncertain

12. Is your child preparing for school entry in Fall 2010 ? \_\_\_\_\_ Yes \_\_\_\_\_ No

13. If yes what grade will your child be entering ?

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14. What school will your child be entering ?

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**Parent A :** ☐ Mother / *Mère* ☐ Father / *Père* ☐ Guardian / *Tuteur/tutrice* ☐ Other / *Autre*: \_\_\_\_\_

1. Which age group do you belong to? / À quel groupe d'âge appartenez-vous?

- |   |  |
|---|--|
| <input type="checkbox"/> Less than 18 years old /<br><i>Moins de 18 ans</i> | <input type="checkbox"/> 45 – 54                                 |
| <input type="checkbox"/> 18 – 24  | <input type="checkbox"/> 55 – 64                                 |
| <input type="checkbox"/> 25 – 34  | <input type="checkbox"/> 65 – 74                                 |
| <input type="checkbox"/> 35 – 44  | <input type="checkbox"/> 75 and above /<br><i>Plus de 75 ans</i> |

2. Place of birth / *Lieu de naissance* \_\_\_\_\_

3. First language / *Langue maternelle* \_\_\_\_\_

4. Other languages spoken at home / *Autres langues parlées à la maison* :  
\_\_\_\_\_

5. Occupation : \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> full-time / <i>à temps plein</i>   | <input type="checkbox"/> not working, but looking for a job /<br><i>sans emploi, cherche du travail</i> |
| <input type="checkbox"/> part-time / <i>à temps partiel</i> | <input type="checkbox"/> not working, by choice / <i>sans emploi, par choix</i>                         |

6. Level of education completed / *Niveau d'éducation complété*:

- ☐ High school / *Secondaire* \_\_\_\_\_
- ☐ CEGEP / *Cégep* \_\_\_\_\_
- ☐ University / *Université*; ☐ Bachelor / *Baccalauréat*; ☐ Master / *Maîtrise*; ☐ PhD
- ☐ Professional certification / *Attestation professionnelle* \_\_\_\_\_
- ☐ Other / *Autre* \_\_\_\_\_

**Parent B:**      ☐ Mother / *Mère*      ☐ Father / *Père*      ☐ Guardian / *Tuteur/tutrice*

1. Which age group do you belong to? / *À quel groupe d'âge appartenez-vous?*

- |   |  |
|---|--|
| <input type="checkbox"/> Less than 18 years old /<br><i>Moins de 18 ans</i> | <input type="checkbox"/> 45 – 54                                 |
| <input type="checkbox"/> 18 – 24  | <input type="checkbox"/> 55 – 64                                 |
| <input type="checkbox"/> 25 – 34  | <input type="checkbox"/> 65 – 74                                 |
| <input type="checkbox"/> 35 – 44  | <input type="checkbox"/> 75 and above /<br><i>Plus de 75 ans</i> |

2. Place of birth / *Lieu de naissance* \_\_\_\_\_

3. First language / *Langue maternelle* \_\_\_\_\_

4. Other languages spoken at home / *Autres langues parlées à la maison* :  
\_\_\_\_\_

5. Occupation : \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> full-time / <i>à temps plein</i>  | <input type="checkbox"/> part-time / <i>à temps partiel</i> |
| <input type="checkbox"/> not working, but looking for a job / <i>sans emploi, cherche du travail</i> |   |
| <input type="checkbox"/> not working, by choice / <i>sans emploi, par choix</i>                      |   |

6. Level of education completed / *Niveau d'éducation complété:*

- ☐ High school / *Secondaire* \_\_\_\_\_
- ☐ CEGEP / *Cégep* \_\_\_\_\_
- ☐ University / *Université*; ☐ Bachelor / *Baccalauréat*; ☐ Master / *Maîtrise*; ☐ PhD
- ☐ Professional certification / *Attestation professionnelle* \_\_\_\_\_
- ☐ Other / *Autre* \_\_\_\_\_

**Family History / Histoire Familiale**

1. How long have you been in Canada?

*Depuis combien de temps vous êtes au Canada?*


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2. Did you all come together?

*Est-ce que vous êtes tous venus ensemble?*


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3. Did the child attend any other educational institution before (daycare, elementary school)?

*L'enfant a-t-il fréquenté un autre établissement éducatif avant (garderie, école primaire)?*


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## **Appendix J**

### **Transition Experience Semi-Structured Parent Interview:**

#### **Times 1, 2, and 3**

### **Transition Interview: Parent Version (Time 1)**

Interviewer: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Location: \_\_\_\_\_ Interviewee(s): \_\_\_\_\_

*We are interested in learning about children's and families' experiences in preschool and/or intervention programs. Today, I am interested in talking with you about your child's experiences this past academic year as well as any activities that may have taken place to prepare for kindergarten. All of your comments will be kept confidential. Do you have any questions before we begin?*

#### **YOUR CHILD'S EXPERIENCES AT SCHOOL**

1. First, I'd like to talk to you about your child's experiences at *[insert program name]*. Tell me how *[child's name]* is doing this year. *[Use following prompts if necessary]*
  - What types of things are he or she learning?
  - What does he or she like to do in their program? *[Suggestions: circle time, center time, playground time, reading, story time, etc.]*
  - What activities does he or she NOT like to do?
  - Tell me about your child's progress this year. What are you particularly pleased with? What do you have concerns about?

2. Tell me about your child's behaviour in the program this year?
  - How well does your child get along with other children in the program?
  - How does he or she get along with kids outside of school?
  - How well does he or she get along with the program staff?

3. Tell me about your involvement this year at school?

4. What's your relationship with your child's teacher like?

### PEER CONTACT

5. Now, I'd like to talk to you about your child's contact with other children. Outside of school what kind of things does your child do with other children? *[Prompts: playing with other children in the neighbourhood, attending after-school programs, siblings, etc.]*

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6. Do any of the children your child plays with go to *[Insert program name]* with him or her? What activities do they do together outside of *[Program name]*.

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### YOUR CHILD'S ACTIVITIES AT HOME

7. Now I'd like to ask you about your child's activities and behaviour at home. What kinds of activities do you and your child enjoy together?
- What things do you like to do with your child to help him or her learn? *[prompts: reading, talking about numbers or letters, singing songs, etc.]*

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8. Tell me about your child's behaviour at home this year.
- When your child is frustrated or upset, what does he or she do? How do you handle this?

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### COLLABORATION: FAMILY, COMMUNITY, & SCHOOL

9. How would you describe your relationship with *[Insert program name]*.

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10. Do you think that your values at home are the same as the values the schools have for your child? Why or why not? *[Prompt. What about education? What is different at home and at school? / what is the same at home and at school? Do you and the teachers/staff have the same goals for your child]*

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11. How comfortable do you feel communicating with *[Insert program name]*'s staff?

Why or why not?

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12. Can you name any challenges to a successful partnership with *[Insert program name]*? *[If necessary reword: Anything you do not like about the school]*

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13. Can you name anything that helped your time at *[Insert program name]* be successful? *[Prompt. Anything that has helped you cooperate with the school]*

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14. What other services/programs is your child currently using? *[prompt: Like, psychologists, speech pathologists, specialists, etc.]*

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- a. Are all of these services in contact with each other? (YES) (NO) (SOME)
  - b. If so, how do they communicate?
- 
- 
- 

15. What did you do to prepare your child for kindergarten? *[Did you talk about school? Did you visit the school?]*

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## YOUR ACTIVITIES WITH THE SCHOOL

16. Now, I'd like to ask you about things you've been involved with at the school.

Parents help at school in different ways, depending on their situations. What kinds of activities have you been involved with at *[Insert program name]* this year? *[First allow parent to answer freely, then prompt for those activities not mentioned. Follow up for the frequency for activities mentioned.]*

Activity	Never	1-2 times	3 or more times
Contacted the child's educator through notes			
Talked with the child's educator by telephone or in person			
Talked with other parents from child's program			
Talked with the school director or principal			
Attended parent-teacher conferences			
Prepared and sent in food or materials for special events or holidays (e.g., class activity, Valentine's Day)			
Attended special schoolwide events for children and families (e.g., family literacy activities, book fairs)			
Volunteered or helped in classroom			
Helped with field trips or other special events			
Attended a meeting of the parent-teacher organization			
Visited with the teacher or other school staff in the home			
Other (Specify):			
Other (Specify):			
Other (Specify):			

### PREPARING TO MAKE THE TRANSITION

17. The way families help their children learn about kindergarten depends, in part, on how familiar they and their children already are with the school. Have you or your child had experience with *[Insert future kindergarten]* before this year? If yes, in what ways? *[Check all that apply.]*

\_\_\_\_\_ Your child attended preschool at the same school last year.

\_\_\_\_\_ You have another child who attended the same school.

\_\_\_\_\_ You attended the same school.

\_\_\_\_\_ Another family member attended the same school. If so, state relationship.

\_\_\_\_\_ Other. (Please state how.)



18. I'd like you to remember the time your child went to *[Insert pre program here]*. What kinds of things did you do with *[Insert program name]* to help your child learn about kindergarten? *[First, allow them to answer freely. If other activities are mentioned, add then under "Other." Once they respond, ask about remaining activities.]*

School Activity	Yes	No
Visited kindergarten classroom in the spring		
Attended a spring kindergarten orientation		
Attended kindergarten registration		
Attended a summer activity at the elementary school		
Visited the kindergarten classroom before school started during the school's open house night		
Participated in kindergarten screening		
Attended "Back to School Night"		
Met the child's kindergarten teacher		
Met the school principal		
Got a tour of the school		
Talked to parents of the child's classmates		
Talked with the child's preschool teacher or transition coordinator about transition issues		
Received a letter or written information from the school		
Received a telephone call from the child's kindergarten teacher		
Had a home visit from the child's kindergarten teacher		
Other (Please specify.)		

### **Transition Interview: Parent Version (Time 2)**

Interviewer: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Location: \_\_\_\_\_ Interviewee(s): \_\_\_\_\_

*We are interested in learning about children's and families' experiences in kindergarten or elementary. Today, I am interested in talking with you about your child's experiences this past academic year. All of your comments will be kept confidential. Do you have any questions before we begin?*

1. First, I'd like to talk to you about your child's experiences at *[insert program name]*. Tell me how *[child's name]* is doing this year. *[Use following prompts if necessary]*
  - What types of things are he or she learning?
  - What does he or she like to do in their program? *[Suggestions: circle time, center time, playground time, reading, story time, etc.]*
  - What activities does he or she NOT like to do?
  - Tell me about your child's progress this year. What are you particularly pleased with? What do you have concerns about?

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2. How would you describe the relationship with *[Insert program name]*.
  - If relatively positive ask what makes it is a good partnership.
  - If not, ask what challenges were there to a successful partnership (i.e., what do they not like about the program).

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3. Are you satisfied with the transition to Kindergarten *[child's name]* has undergone. Why or why not?

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4. Are the values and goals the school has for your child the same as the goals you have at home?

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5. Is there evidence of communication between the school and the home? If so, what methods of communication were used? *[Use following prompts if necessary]*

- P-T meetings
  - Telephone contact
  - Paper communication
  - Informal meetings etc.
- 
- 
- 

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6. Is there evidence of communication between the school and outside resources (e.g. preschool, other therapists, etc.; can include paper communication, passing of documents.)?

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### **Transition Interview: Parent Version (Time 3)**

Interviewer: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Location: \_\_\_\_\_ Interviewee(s): \_\_\_\_\_

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We are interested in learning about children's and families' experiences in elementary school and how they compare to preschool. Today, I am interested in talking with you more generally about his or her experiences, both in preschool and this year. I would like to know how these experiences may be similar and how they are different. All of your comments will be kept confidential. Do you have any questions before we begin?

#### **YOUR CHILD'S EXPERIENCES AT SCHOOL**

19. First, I'd like to talk to you about your child's experiences in school. Tell me how *[child's name]* is doing this year. *[Wait for response]* How does this compare with last year and earlier this year?

- What types of things is he or she learning? How do these things compare with what he or she was doing last year? What seems to be the same about what he or she was doing last year? What seems different?
  - What does he or she like to do in school? *[Suggestions: if necessary, writing, reading, math, center time, playground time, , story time, etc.]*
  - What activities does he or she NOT like to do or what types of activities does he find difficult?
  - Tell me about your child's progress this year. What are you particularly pleased with? What do you have concerns about?
- 
- 
- 
- 

20. Tell me about your child's behaviour at school this year. Is this a change from last year? If so, in what way?

- How well does your child get along with other classmates?
  - How does he or she get along with kids outside of school?
  - How well does he or she get along with his or her teacher?
- 
- 
- 

21. Tell me about your involvement this year at school? How does it compare with last year? Earlier this year?

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22. What's your relationship with your child's teacher like? How does it compare with earlier this year?

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### PEER CONTACT

23. Now, I'd like to talk to you about your child's contact with other children. Outside of school what kind of things does your child do with other children? *[Prompts: playing with other children in the neighbourhood, attending after-school programs, siblings, etc.]*

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24. Do any of the children your child plays with go to school with him or her? What activities do they do together outside of school?

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### YOUR CHILD'S ACTIVITIES AT HOME

25. Now I'd like to ask you about your child's activities and behaviour at home. What kinds of activities do you and your child enjoy together?

- What things do you like to do with your child to help him or her learn? *[prompts: playin, reading, talking about numbers or letters, singing songs, etc.]*

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26. Tell me about your child's behaviour at home this year. How does this compare to his or her behaviour at school?

- When your child is frustrated or upset, what does he or she do? How do you handle this?

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### COLLABORATION: FAMILY, COMMUNITY, & SCHOOL

27. How would you describe your relationship with your child's school?

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28. Do you think that your values at home are the same as the values the school has for your child? Why or why not? How does this compare to your experiences last year? *[Prompt. What about education? What is different at home and at school? / what is the same at home and at school? Do you and the teachers/staff have the same goals for your child]*

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29. How comfortable do you feel communicating with the school's staff? Why or why not? How does this compare to last year?

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30. Can you name any challenges to a successful partnership with your child's school? *[If necessary reword: Anything you do not like about the school]*

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31. Can you name anything that helped your time at the school be successful? *[Prompt. Anything that has helped you cooperate with the school]*

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32. What other services/programs is your child currently using? *[prompt: Like, psychologists, speech pathologists, specialists, etc.]*

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- a. Are all of these services in contact with each other? (YES) (NO) (SOME)
  - b. If so, how do they communicate?
- 
-

## REFLECTIONS ON THE TRANSITION TO SCHOOL

Now I'd like to ask you some questions about your child's experience with going to kindergarten. I am interested in what this has been like for him or her and for you.

33. First, how has the experience of going into kindergarten been for your child? *[Allow time for a response and then follow up with the next question].*

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In general, would you say it's been *[Circle their answer]*:

- |                |              |
|----------------|--------------|
| a. Very good   | c. Just okay |
| b. Fairly good | d. Neutral?  |

34. What has gone well for your child? *[Encourage elaboration, and circle all areas that apply.]*

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- |             |          |
|-------------|----------|
| a. Learning | c. Other |
| b. Social   | d. None  |

35. What has been hard for him or her? What has not gone well for your child? *[Encourage elaboration, and circle all areas that apply.]*

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- a. Learning
- b. Social
- c. Other
- d. None

36. What has gone well for you?

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37. What has been hard for you?

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38. What kinds of things could the school do to help make your child more comfortable in school?

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39. What kinds of things could the school do to help make you more comfortable?

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### YOUR ACTIVITIES WITH THE SCHOOL

40. Now, I'd like to ask you about things you've been involved with at the school.

Parents help at school in different ways, depending on their situations. What kinds of activities have you been involved with at your child's school this year? *[First allow parent to answer freely, then prompt for those activities not mentioned. Follow up for the frequency for activities mentioned.]*

Activity	Never	1-2 times	3 or more times
Helped the child with homework			
Contacted the child's teacher through notes Who initiated? You _____ or the teacher? _____			
Talked with the child's teacher by telephone or in person Who called? You _____ or the teacher? _____			
Talked with other parents from the child's school About what? _____			
Talked with the school principal this year			



About what?_____			
Attended parent-teacher conferences How many times?_____			
Prepared and sent in food or materials for special events or holidays (e.g., class activity, Valentine's Day) How many times?_____			
Attended special schoolwide events for children and families (e.g., family literacy activities, book fairs) Which ones?_____			
Volunteered or helped in classroom How many times?_____			
Helped with field trips or other special events How often?_____			
Attended a meeting of the parent-teacher organization, home and school, or governing board How often? Which meeting:			
The teacher or other school staff visit your home			
Other (Specify):			
Other (Specify):			
Other (Specify):			

**Appendix K**  
**Social Interaction Observation Codes**

### **Behavior Codes for Children's Social Interaction**

**Out (OUT):** The child is physical out of the room, absent or out of sight at the time of observation.

**No Play (NO):** The child is not engaged in any play activity (e.g., standing and watching other Children, running to get from one point to another, atypical rhythmic movements (like rocking, self stimulation).

**Isolated/Occupied Play (IO):** The child is engaged in a play activity (e.g., pushing a toy truck, colouring), but is more than 2m away from any other child.

**Proximity Play (PP):** The child is engaged in a play activity (e.g., pushing a toy truck, coloring, awareness of other children, back not turned, playing with same toys), within 2m of at least one other child, **but not interacting** whether verbally (e.g., talking) or nonverbally (e.g., allowing another child to take turns playing with a toy) with another child.

**Interactive Play (IP):** The child is engaged in a play activity (e.g., pushing a toy truck, coloring), within 2m. of at least on other child, **and is interacting** whether verbally (e.g., talking about a play activity or nonverbally (e.g., allowing another child to take turns playing with a toy, listening when another child is talking specifically to him/her) with another child.

**Negative Play (NP):** The child has exhibited an aggressive, hostile or rejecting (e.g., yelling) or nonverbal (e.g., pushing, sticking out tongue, threatening to hit) behavior towards another child.

**Teacher Interaction (IP):** The child displays a verbal (e.g., talking) or nonverbal (e.g., sitting on Lap, receiving object, high five, physical touching through object or person) behaviour directed towards a teacher or other adult in the classroom.

**Initiated (I):** Interaction will be coded as being initiated when the target child directs verbal or nonverbal interpersonal behaviour towards one or more peers and/or adult that begins the interaction.

**Note:** In Interactive Play (IP), Negative Play (NP), and Teacher Interaction (TI) the CI and OI asks whether the interaction was Child Initiated or Other Initiated.